

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

114.3 CMR 47.00: FREESTANDING AMBULATORY SURGICAL FACILITIES

Section

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47.01: General Provisions

(1) Scope, Purpose and Effective Date.

114.3 CMR 47.00 shall govern the determination of rates and the rates of payment to eligible freestanding ambulatory surgical facilities to be used by all governmental units for services provided to publicly-aided individuals. 114.3 CMR 47.00 shall be effective August 15, 2003. Rates for purchases under the Workers Compensation Act, M.G.L.c.152, are set forth in 114.3 CMR 40.00.

(2) Coverage.

114.3 CMR 47.00 and the rates of payment contained herein are full compensation for facility services furnished in connection with surgical procedures that can be performed safely on an ambulatory basis in an ambulatory surgical center under the scope of covered services and condition for payment for facility services by the governmental purchaser. 114.3 CMR 47.00 does not cover professional services which are billed by a physician, dentist or podiatrist separately from the health care facility and who receives no other compensation for professional services rendered. Covered ambulatory surgical facility services do not include services performed in a hospital based facility or medical, dental or podiatric surgical procedures that are customarily performed in an office setting.

(3) Disclaimer of Authorization of Services. 114.3 CMR 47.00 is not authorization for or approval of the procedures for which rates are determined pursuant to 114.3 CMR 47.00. Governmental units which purchase care are responsible for the definition, authorization, and approval of care and services extended to publicly aided clients.

(4) Coding Updates and Corrections. The Division may publish procedure code updates and corrections in the form of an Informational Bulletin. Updates may reference coding systems including but not limited to the American Medical Association's *Current Procedural Terminology* (CPT). The publication of such updates and corrections will list:

- (a) codes for which only the code numbers change, with the corresponding cross references between existing and new codes;
- (b) deleted codes for which there are no corresponding new codes; and

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- (c) codes for entirely new services that require pricing. The Division will list these codes and apply individual consideration (I.C.) reimbursement for these codes until appropriate rates can be developed.
- (5) Administrative Information Bulletins. The Division may issue administrative information bulletins to clarify its policy on and understanding of substantive provisions of 114.3 CMR 47.00.

47.02: Definitions

Meaning of Terms. The descriptions and five-digit codes included in 114.3 CMR 47.00 utilize the Healthcare Common Procedure Code System (HCPCS) for Level I and Level II coding. Level I CPT-4 codes are obtained from the Physicians' *Current Procedural Terminology*, copyright 2002 by the American Medical Association, unless otherwise specified. Level II codes are obtained from 2003 HCPCS maintained jointly by the Centers for Medicare and Medicaid Services (CMS), the Blue Cross and Blue Shield Association, and the Health Insurance Association of America. HCPCS is a listing of descriptive terms and identifying codes and modifiers for reporting medical services and procedures performed by physicians and other healthcare professionals, as well as associated non-physician services. No fee schedules, basic unit value, relative value guides, conversion factors or scales are included in any part of the Physicians' *Current Procedure Terminology*.

114.3 CMR 47.00 includes only HCPCS numeric and alpha-numeric identifying codes and modifiers for reporting medical services and procedures that were selected by the Massachusetts Division of Health Care Finance and Policy. Any use of CPT outside the fee schedule should refer to the Physicians' *Current Procedural Terminology*.

In addition, terms used in 114.3 CMR 47.00 shall have the meanings set forth in 114.3 CMR 47.02.

Division. The Division of Health Care Finance and Policy established under M.G.L.c.118G, formerly, the Rate Setting Commission.

Eligible Provider. A licensed ambulatory freestanding surgical facility which meets the conditions of participation that have been or may be adopted by a governmental unit.

Facility Component. Rate of payment for a freestanding surgical facility's cost of rent, equipment, utilities, supplies, administrative and technical salaries and benefits, and other overhead expenses. The facility component does not include payment for physician, dentist or podiatrist's services in performing a surgical procedure.

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Freestanding Ambulatory Surgical Center (FASC). A distinct entity that operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization, is licensed by the Massachusetts Department of Public Health and meets the conditions for payment by the purchaser for facility services.

Governmental Unit. The Commonwealth of Massachusetts, or any of its departments, agencies, boards, commissions or political subdivisions.

Individual Consideration (I.C.). Freestanding facility services which are authorized but not listed herein, and FASC services performed in unusual circumstances and services whose fees are designated by the letters "I.C." are individually considered items. The governmental unit or purchaser shall analyze the operative report which shall contain a diagnosis, a pertinent medical history, a description of the services rendered and the length of time spent with the patient. Determination of appropriate payments for individually considered services may include, but are not limited to:

- (a) Time required to provide the service;
- (b) Degree of skill required for the services rendered;
- (c) Severity and complexity of the patient's disease, disorder or disability;
- (d) Policies, procedures and practices of third party purchasers, governmental and private;
- (e) Applicable relative value studies.

Professional Component. Rate of payment for a physician, dentist or podiatrist's services in performing a surgical or medical procedure. Professional fees for eligible providers' services provided to publicly-aided individuals are determined under 114.3 CMR 16.00 Surgery and Anesthesia Services, 114.3 CMR 17.00 Medicine, 114.3 CMR 18.00 Radiology, 114.3 CMR 14.00 Dental Services, and 114.3 CMR 26.00 Podiatric Care. A professional component can be billed by a physician, dentist or podiatrist only if a facility component is billed by the FASC.

Publicly-Aided Individual. A person who receives health care and services for which a governmental unit is in the whole or in part liable under a statutory program of public assistance.

Separate Procedure. Some of the listed procedures are commonly carried out as an integral part of a total service, and as such, do not warrant a separate identification. When, however, such a procedure is performed independently of, and is not immediately related to, other services, it may be listed as a separate procedure in the procedure description. Thus, when a procedure that is ordinarily a component of a larger procedure is performed alone for a specific purpose, it may be considered to be a separate procedure.

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47.03: General Rate Provisions and Payment

- (1) Rate Determination. Rates of payment for authorized freestanding ambulatory surgical facility services to which 114.3 CMR 47.00 applies shall be the lower of:
- (a) the eligible provider's usual charge to the general public; or
 - (b) the schedule of allowable rates set forth in 114.3 CMR 47.03.
- (2) Maximum Allowable Rates. Rates of payment will be for the facility component only. The payment group (Group) for each FASC procedure is listed next to the HCPCS code and its description unless the Group indicates that payment is based upon individual consideration (I.C.). . The payment groups and their respective rates are as follows:

Group	Rate of Payment
1	\$321.90
2	\$431.57
3	\$493.51
4	\$609.28
5	\$693.56
6	\$728.96*
7	\$963.67
8	\$871.12*
9	\$2,011.58

- Includes \$75 allowance for Intraocular lens.

- (3) Modifiers.

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-50: Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same operative session should be identified by the appropriate service code describing the first procedure. The second bilateral procedure is identified by adding the modifier '-50' to the end of the service code. If a reimbursable surgical procedure provided in a single operative session is performed bilaterally, the full maximum fee is 150% of the payment group contained in 114.3 CMR 47.00 for the operative procedure.

-51: Multiple Procedures. This modifier must be used to report multiple procedures performed at the same operative session. The service code for the major procedure or service must be reported without a modifier and will receive 100% of the group payment for the procedure in the highest group. The secondary, additional or lesser procedure(s) must be identified by adding the modifier '-51' to the end of the service code for the secondary procedure(s). The addition of the modifier '-51' to the second and subsequent procedure codes allows 50% of the allowable fee contained in 114.3 CMR 47.00 to be paid to the eligible provider.

NOTE: This modifier should not be used with designated "add-on" codes or with codes in which the narrative begins with "each additional".

-73: Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure Prior to the Administration of Anesthesia. Due to extenuating circumstances or those that threaten the well being of the patient, the physician may cancel a surgical or diagnostic procedure subsequent to the patient's surgical preparation (including sedation when provided, and being taken to the room where the procedure is to be performed), but prior to the administration of anesthesia (local, regional block(s) or general). Under these circumstances, the intended service that is prepared for but cancelled can be reported by its usual procedure number and the addition of the modifier '-73'. **Note:** the elective anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier '-53'.

-74: Discontinued Out-Patient Hospital/Ambulatory Surgery Center (ASC) Procedure After Administration of Anesthesia. Due to extenuating circumstances or those that threaten the well being of the patient, the physician may terminate a surgical or diagnostic procedure after the administration of anesthesia (local, regional block(s), general) or after the procedure was started (incision made, intubation started, scope inserted, etc.) Under these circumstances, the procedure started but terminated can be reported by its usual procedure number and the addition of the modifier '-74'. **Note:** The elective cancellation of a service prior to the administration of anesthesia and/or surgical preparation of the patient should not be reported. For physician reporting of a discontinued procedure, see modifier '-53'.

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Terminated Procedures. The purchaser shall determine payment on an individual consideration (I.C.) basis for any procedure that has been terminated after the procedure has been initiated.

(4) Fee Schedules

(a) Surgical Services

Code	Group	Description
10121	2	Incision and removal of foreign body, subcutaneous tissues; complicated
10180	2	Incision and drainage, complex, postoperative wound infection
11010	2	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin and subcutaneous tissues
11011	2	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, and muscle
11012	2	Debridement including removal of foreign material associated with open fracture(s) and/or dislocation(s); skin, subcutaneous tissue, muscle fascia, muscle, and bone
11042	2	Debridement; skin, and subcutaneous tissue
11043	2	Debridement; skin, subcutaneous tissue, and muscle
11044	2	Debridement; skin, subcutaneous tissue, muscle, and bone
11404	1	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter 3.1 to 4.0 cm
11406	2	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), trunk, arms or legs; excised diameter over 4.0 cm
11424	2	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11426	2	Excision, benign lesion including margins, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm

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Code	Group	Description
11444	1	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter 3.1 to 4.0 cm
11446	2	Excision, other benign lesion including margins (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; excised diameter over 4.0 cm
11450	2	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with simple or intermediate repair
11451	2	Excision of skin and subcutaneous tissue for hidradenitis, axillary; with complex repair
11462	2	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with simple or intermediate repair
11463	2	Excision of skin and subcutaneous tissue for hidradenitis, inguinal; with complex repair
11470	2	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with simple or intermediate repair
11471	2	Excision of skin and subcutaneous tissue for hidradenitis, perianal, perineal, or umbilical; with complex repair
11604	2	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 3.1 to 4.0 cm
11606	2	Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter over 4.0 cm
11624	2	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter 3.1 to 4.0 cm
11626	2	Excision, malignant lesion including margins, scalp, neck, hands, feet, genitalia; excised diameter over 4.0 cm
11644	2	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter 3.1 to 4.0 cm
11646	2	Excision, malignant lesion including margins, face, ears, eyelids, nose, lips; excised diameter over 4.0 cm
11770	3	Excision of pilonidal cyst or sinus; simple
11771	3	Excision of pilonidal cyst or sinus; extensive
11772	3	Excision of pilonidal cyst or sinus; complicated
11960	2	Insertion of tissue expander(s) for other than breast, including subsequent expansion
11970	3	Replacement of tissue expander with permanent prosthesis
11971	1	Removal of tissue expander(s) without insertion of prosthesis

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Code	Group	Description
12005	2	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 12.6 cm to 20.0 cm
12006	2	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); 20.1 cm to 30.0 cm
12007	2	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); over 30.0 cm
12016	2	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12017	2	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 20.1 cm to 30.0 cm
12018	2	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
12020	1	Treatment of superficial wound dehiscence; simple closure
12021	1	Treatment of superficial wound dehiscence; with packing
12034	2	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 7.6 cm to 12.5 cm
12035	2	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 12.6 cm to 20.0 cm
12036	2	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); 20.1 cm to 30.0 cm
12037	2	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); over 30.0 cm
12044	2	Layer closure of wounds of neck, hands, feet and/or external genitalia; 7.6 cm to 12.5 cm
12045	2	Layer closure of wounds of neck, hands, feet and/or external genitalia; 12.6 cm to 20.0 cm
12046	2	Layer closure of wounds of neck, hands, feet and/or external genitalia; 20.1 cm to 30.0 cm
12047	2	Layer closure of wounds of neck, hands, feet and/or external genitalia; over 30.0 cm
12054	2	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 7.6 cm to 12.5 cm
12055	2	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 12.6 cm to 20.0 cm
12056	2	Layer closure of wounds of face, ears, eyelids, nose, lips and/or

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Code	Group	Description
		mucous membranes; 20.1 cm to 30.0 cm
12057	2	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; over 30.0 cm
13100	2	Repair, complex, trunk; 1.1 cm to 2.5 cm
13101	3	Repair, complex, trunk; 2.6 cm to 7.5 cm
13120	2	Repair, complex, scalp, arms, and/or legs; 1.1 cm to 2.5 cm
13121	3	Repair, complex, scalp, arms, and/or legs; 2.6 cm to 7.5 cm
13131	2	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.1 cm to 2.5 cm
13132	3	Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 2.6 cm to 7.5 cm
13150	3	Repair, complex, eyelids, nose, ears and/or lips; 1.0 cm or less
13151	3	Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm
13152	3	Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm
13160	2	Secondary closure of surgical wound or dehiscence, extensive or complicated
14000	2	Adjacent tissue transfer or rearrangement, trunk; defect 10 sq cm or less
14001	3	Adjacent tissue transfer or rearrangement, trunk; defect 10.1 sq cm to 30.0 sq cm
14020	3	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10 sq cm or less
14021	3	Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect 10.1 sq cm to 30.0 sq cm
14040	2	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10 sq cm or less
14041	3	Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect 10.1 sq cm to 30.0 sq cm
14060	3	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10 sq cm or less
14061	3	Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect 10.1 sq cm to 30.0 sq cm
14300	4	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
14350	3	Filletted finger or toe flap, including preparation of recipient site

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Code	Group	Description
15000	2	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues); first 100 sq cm or one percent of body area of infants and children
15050	2	Pinch graft, single or multiple, to cover small ulcer, tip of digit, or other minimal open area (except on face), up to defect size 2 cm diameter
15100	2	Split graft, trunk, arms, legs; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15101	3	Split graft, trunk, arms, legs; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
15120	2	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or less, or one percent of body area of infants and children (except 15050)
15121	3	Split graft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; each additional 100 sq cm, or each additional one percent of body area of infants and children, or part thereof (List separately in addition to co
15200	3	Full thickness graft, free, including direct closure of donor site, trunk; 20 sq cm or less
15201	2	Full thickness graft, free, including direct closure of donor site, trunk; each additional 20 sq cm (List separately in addition to code for primary procedure)
15220	2	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; 20 sq cm or less
15221	2	Full thickness graft, free, including direct closure of donor site, scalp, arms, and/or legs; each additional 20 sq cm (List separately in addition to code for primary procedure)
15240	3	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; 20 sq cm or less
15241	3	Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands, and/or feet; each additional 20 sq cm (List separately in addition to code for primary procedure)

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Code	Group	Description
15260	2	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; 20 sq cm or less
15261	2	Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; each additional 20 sq cm (List separately in addition to code for primary procedure)
15350	2	Application of allograft, skin; 100 sq cm or less
15351	2	Application of allograft, skin; each additional 100 sq cm (List separately in addition to code for primary procedure)
15400	2	Application of xenograft, skin; 100 sq cm or less
15401	2	Application of xenograft, skin; each additional 100 sq cm (List separately in addition to code for primary procedure)
15570	3	Formation of direct or tubed pedicle, with or without transfer; trunk
15572	3	Formation of direct or tubed pedicle, with or without transfer; scalp, arms, or legs
15574	3	Formation of direct or tubed pedicle, with or without transfer; forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet
15576	3	Formation of direct or tubed pedicle, with or without transfer; eyelids, nose, ears, lips, or intraoral
15600	3	Delay of flap or sectioning of flap (division and inset); at trunk
15610	3	Delay of flap or sectioning of flap (division and inset); at scalp, arms, or legs
15620	4	Delay of flap or sectioning of flap (division and inset); at forehead, cheeks, chin, neck, axillae, genitalia, hands, or feet
15630	3	Delay of flap or sectioning of flap (division and inset); at eyelids, nose, ears, or lips
15650	5	Transfer, intermediate, of any pedicle flap (eg, abdomen to wrist, Walking tube), any location
15732	3	Muscle, myocutaneous, or fasciocutaneous flap; head and neck (eg, temporalis, masseter muscle, sternocleidomastoid, levator scapulae)
15734	3	Muscle, myocutaneous, or fasciocutaneous flap; trunk
15736	3	Muscle, myocutaneous, or fasciocutaneous flap; upper extremity
15738	3	Muscle, myocutaneous, or fasciocutaneous flap; lower extremity
15740	2	Flap; island pedicle
15750	2	Flap; neurovascular pedicle

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Code	Group	Description
15760	2	Graft; composite (eg, full thickness of external ear or nasal ala), including primary closure, donor area
15770	3	Graft; derma-fat-fascia
15775	3	Punch graft for hair transplant; 1 to 15 punch grafts
15776	3	Punch graft for hair transplant; more than 15 punch grafts
15820	3	Blepharoplasty, lower eyelid;
15821	3	Blepharoplasty, lower eyelid; with extensive herniated fat pad
15822	3	Blepharoplasty, upper eyelid;
15823	5	Blepharoplasty, upper eyelid; with excessive skin weighting down lid
15824	3	Rhytidectomy; forehead
15825	3	Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap)
15826	3	Rhytidectomy; glabellar frown lines
15828	3	Rhytidectomy; cheek, chin, and neck
15829	5	Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap
15831	3	Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)
15832	3	Excision, excessive skin and subcutaneous tissue (including lipectomy); thigh
15833	3	Excision, excessive skin and subcutaneous tissue (including lipectomy); leg
15834	3	Excision, excessive skin and subcutaneous tissue (including lipectomy); hip
15835	3	Excision, excessive skin and subcutaneous tissue (including lipectomy); buttock
15840	4	Graft for facial nerve paralysis; free fascia graft (including obtaining fascia)
15841	4	Graft for facial nerve paralysis; free muscle graft (including obtaining graft)
15845	4	Graft for facial nerve paralysis; regional muscle transfer
15876	3	Suction assisted lipectomy; head and neck
15877	3	Suction assisted lipectomy; trunk
15878	3	Suction assisted lipectomy; upper extremity
15879	3	Suction assisted lipectomy; lower extremity
15920	3	Excision, coccygeal pressure ulcer, with coccygectomy; with

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Code	Group	Description
		primary suture
15922	4	Excision, coccygeal pressure ulcer, with coccygectomy; with flap closure
15931	3	Excision, sacral pressure ulcer, with primary suture;
15933	3	Excision, sacral pressure ulcer, with primary suture; with ostectomy
15934	3	Excision, sacral pressure ulcer, with skin flap closure;
15935	4	Excision, sacral pressure ulcer, with skin flap closure; with ostectomy
15936	4	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15937	4	Excision, sacral pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
15940	3	Excision, ischial pressure ulcer, with primary suture;
15941	3	Excision, ischial pressure ulcer, with primary suture; with ostectomy (ischiectomy)
15944	3	Excision, ischial pressure ulcer, with skin flap closure;
15945	4	Excision, ischial pressure ulcer, with skin flap closure; with ostectomy
15946	4	Excision, ischial pressure ulcer, with ostectomy, in preparation for muscle or myocutaneous flap or skin graft closure
15950	3	Excision, trochanteric pressure ulcer, with primary suture;
15951	4	Excision, trochanteric pressure ulcer, with primary suture; with ostectomy
15952	3	Excision, trochanteric pressure ulcer, with skin flap closure;
15953	4	Excision, trochanteric pressure ulcer, with skin flap closure; with ostectomy
15956	3	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure;
15958	4	Excision, trochanteric pressure ulcer, in preparation for muscle or myocutaneous flap or skin graft closure; with ostectomy
16015	2	Dressings and/or debridement, initial or subsequent; under anesthesia, medium or large, or with major debridement
19020	2	Mastotomy with exploration or drainage of abscess, deep
19100	1	Biopsy of breast; percutaneous, needle core, not using imaging guidance (separate procedure)
19101	2	Biopsy of breast; open, incisional

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Code	Group	Description
19102	2	Biopsy of breast; percutaneous, needle core, using imaging guidance
19103	2	Biopsy of breast; percutaneous, automated vacuum assisted or rotating biopsy device, using imaging guidance
19110	2	Nipple exploration, with or without excision of a solitary lactiferous duct or a papilloma lactiferous duct
19112	3	Excision of lactiferous duct fistula
19120	3	Excision of cyst, fibroadenoma, or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion (except 19140), open, male or female, one or more lesions
19125	3	Excision of breast lesion identified by preoperative placement of radiological marker, open; single lesion
19126	3	Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker (List separately in addition to code for primary procedure)
19140	4	Mastectomy for gynecomastia
19160	3	Mastectomy, partial;
19162	7	Mastectomy, partial; with axillary lymphadenectomy
19180	4	Mastectomy, simple, complete
19182	4	Mastectomy, subcutaneous
19290	1	Preoperative placement of needle localization wire, breast;
19291	1	Preoperative placement of needle localization wire, breast; each additional lesion (List separately in addition to code for primary procedure)
19316	4	Mastopexy
19318	4	Reduction mammaplasty
19324	4	Mammaplasty, augmentation; without prosthetic implant
19325	9	Mammaplasty, augmentation; with prosthetic implant
19328	1	Removal of intact mammary implant
19330	1	Removal of mammary implant material
19340	2	Immediate insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19342	3	Delayed insertion of breast prosthesis following mastopexy, mastectomy or in reconstruction
19350	4	Nipple/areola reconstruction
19355	4	Correction of inverted nipples

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Code	Group	Description
19357	5	Breast reconstruction, immediate or delayed, with tissue expander, including subsequent expansion
19366	5	Breast reconstruction with other technique
19370	4	Open periprosthetic capsulotomy, breast
19371	4	Periprosthetic capsulectomy, breast
19380	5	Revision of reconstructed breast
20005	2	Incision of soft tissue abscess (eg, secondary to osteomyelitis); deep or complicated
20200	2	Biopsy, muscle; superficial
20205	3	Biopsy, muscle; deep
20206	1	Biopsy, muscle, percutaneous needle
20220	1	Biopsy, bone, trocar, or needle; superficial (eg, ilium, sternum, spinous process, ribs)
20225	2	Biopsy, bone, trocar, or needle; deep (eg, vertebral body, femur)
20240	2	Biopsy, bone, excisional; superficial (eg, ilium, sternum, spinous process, ribs, trochanter of femur)
20245	3	Biopsy, bone, excisional; deep (eg, humerus, ischium, femur)
20250	3	Biopsy, vertebral body, open; thoracic
20251	3	Biopsy, vertebral body, open; lumbar or cervical
20525	3	Removal of foreign body in muscle or tendon sheath; deep or complicated
20650	3	Insertion of wire or pin with application of skeletal traction, including removal (separate procedure)
20670	1	Removal of implant; superficial, (eg, buried wire, pin or rod) (separate procedure)
20680	3	Removal of implant; deep (eg, buried wire, pin, screw, metal band, nail, rod or plate)
20690	2	Application of a uniplane (pins or wires in one plane), unilateral, external fixation system
20692	3	Application of a multiplane (pins or wires in more than one plane), unilateral, external fixation system (eg, Ilizarov, Monticelli type)
20693	3	Adjustment or revision of external fixation system requiring anesthesia (eg, new pin(s) or wire(s) and/or new ring(s) or bar(s))
20694	1	Removal, under anesthesia, of external fixation system
20900	3	Bone graft, any donor area; minor or small (eg, dowel or button)
20902	4	Bone graft, any donor area; major or large

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Code	Group	Description
20910	3	Cartilage graft; costochondral
20912	3	Cartilage graft; nasal septum
20920	4	Fascia lata graft; by stripper
20922	3	Fascia lata graft; by incision and area exposure, complex or sheet
20924	4	Tendon graft, from a distance (eg, palmaris, toe extensor, plantaris)
20926	4	Tissue grafts, other (eg, paratenon, fat, dermis)
20975	2	Electrical stimulation to aid bone healing; invasive (operative)
21010	2	Arthrotomy, temporomandibular joint
21015	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp
21025	2	Excision of bone (eg, for osteomyelitis or bone abscess); mandible
21026	2	Excision of bone (eg, for osteomyelitis or bone abscess); facial bone(s)
21029	2	Removal by contouring of benign tumor of facial bone (eg, fibrous dysplasia)
21030	1	Excision of benign tumor or cyst of maxilla or zygoma by enucleation and curettage
21031	1	Excision of torus mandibularis
21032	1	Excision of maxillary torus palatinus
21034	3	Excision of malignant tumor of maxilla or zygoma
21040	2	Excision of benign tumor or cyst of mandible, by enucleation and/or curettage
21044	2	Excision of malignant tumor of mandible;
21046	2	Excision of benign tumor or cyst of mandible; requiring intra-oral osteotomy (eg, locally aggressive or destructive lesion(s))
21047	2	Excision of benign tumor or cyst of mandible; requiring extra-oral osteotomy and partial mandibulectomy (eg, locally aggressive or destructive lesion(s))
21050	3	Condylectomy, temporomandibular joint (separate procedure)
21060	2	Meniscectomy, partial or complete, temporomandibular joint (separate procedure)
21070	3	Coronoidectomy (separate procedure)
21100	2	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure)
21110	1	Application of interdental fixation device for conditions other

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		than fracture or dislocation, includes removal
21121	7	Genioplasty; sliding osteotomy, single piece
21122	7	Genioplasty; sliding osteotomies, two or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin)
21123	7	Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts)
21127	9	Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)
21181	7	Reconstruction by contouring of benign tumor of cranial bones (eg, fibrous dysplasia), extracranial
21206	5	Osteotomy, maxilla, segmental (eg, Wassmund or Schuchard)
21208	7	Osteoplasty, facial bones; augmentation (autograft, allograft, or prosthetic implant)
21209	5	Osteoplasty, facial bones; reduction
21210	7	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
21215	7	Graft, bone; mandible (includes obtaining graft)
21230	7	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft)
21235	7	Graft; ear cartilage, autogenous, to nose or ear (includes obtaining graft)
21240	4	Arthroplasty, temporomandibular joint, with or without autograft (includes obtaining graft)
21242	5	Arthroplasty, temporomandibular joint, with allograft
21243	5	Arthroplasty, temporomandibular joint, with prosthetic joint replacement
21244	7	Reconstruction of mandible, extraoral, with transosteal bone plate (eg, mandibular staple bone plate)
21245	7	Reconstruction of mandible or maxilla, subperiosteal implant; partial
21246	7	Reconstruction of mandible or maxilla, subperiosteal implant; complete
21248	7	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); partial
21249	7	Reconstruction of mandible or maxilla, endosteal implant (eg, blade, cylinder); complete
21267	7	Orbital repositioning, periorbital osteotomies, unilateral, with

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Code	Group	Description
		bone grafts; extracranial approach
21270	5	Malar augmentation, prosthetic material
21275	7	Secondary revision of orbitocraniofacial reconstruction
21280	5	Medial canthopexy (separate procedure)
21282	5	Lateral canthopexy
21295	1	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); extraoral approach
21296	1	Reduction of masseter muscle and bone (eg, for treatment of benign masseteric hypertrophy); intraoral approach
21300	2	Closed treatment of skull fracture without operation
21310	2	Closed treatment of nasal bone fracture without manipulation
21315	2	Closed treatment of nasal bone fracture; without stabilization
21320	2	Closed treatment of nasal bone fracture; with stabilization
21325	4	Open treatment of nasal fracture; uncomplicated
21330	5	Open treatment of nasal fracture; complicated, with internal and/or external skeletal fixation
21335	7	Open treatment of nasal fracture; with concomitant open treatment of fractured septum
21336	4	Open treatment of nasal septal fracture, with or without stabilization
21337	2	Closed treatment of nasal septal fracture, with or without stabilization
21338	4	Open treatment of nasoethmoid fracture; without external fixation
21339	5	Open treatment of nasoethmoid fracture; with external fixation
21340	4	Percutaneous treatment of nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus
21345	7	Closed treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint
21355	3	Percutaneous treatment of fracture of malar area, including zygomatic arch and malar tripod, with manipulation
21400	2	Closed treatment of fracture of orbit, except blowout; without manipulation
21401	3	Closed treatment of fracture of orbit, except blowout; with manipulation

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
21421	4	Closed treatment of palatal or maxillary fracture (LeFort I type), with interdental wire fixation or fixation of denture or splint
21440	3	Closed treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21445	4	Open treatment of mandibular or maxillary alveolar ridge fracture (separate procedure)
21450	3	Closed treatment of mandibular fracture; without manipulation
21451	4	Closed treatment of mandibular fracture; with manipulation
21452	2	Percutaneous treatment of mandibular fracture, with external fixation
21453	3	Closed treatment of mandibular fracture with interdental fixation
21454	5	Open treatment of mandibular fracture with external fixation
21461	4	Open treatment of mandibular fracture; without interdental fixation
21462	5	Open treatment of mandibular fracture; with interdental fixation
21465	4	Open treatment of mandibular condylar fracture
21480	1	Closed treatment of temporomandibular dislocation; initial or subsequent
21485	2	Closed treatment of temporomandibular dislocation; complicated (eg, recurrent requiring intermaxillary fixation or splinting), initial or subsequent
21490	3	Open treatment of temporomandibular dislocation
21493	3	Closed treatment of hyoid fracture; without manipulation
21494	4	Closed treatment of hyoid fracture; with manipulation
21497	2	Interdental wiring, for condition other than fracture
21501	2	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax;
21502	2	Incision and drainage, deep abscess or hematoma, soft tissues of neck or thorax; with partial rib ostectomy
21555	2	Excision tumor, soft tissue of neck or thorax; subcutaneous
21556	2	Excision tumor, soft tissue of neck or thorax; deep, subfascial, intramuscular
21600	2	Excision of rib, partial
21610	2	Costotransversectomy (separate procedure)
21700	2	Division of scalenus anticus; without resection of cervical rib
21720	3	Division of sternocleidomastoid for torticollis, open operation; without cast application

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
21725	3	Division of sternocleidomastoid for torticollis, open operation; with cast application
21800	1	Closed treatment of rib fracture, uncomplicated, each
21805	2	Open treatment of rib fracture without fixation, each
21820	1	Closed treatment of sternum fracture
21925	2	Biopsy, soft tissue of back or flank; deep
21930	2	Excision, tumor, soft tissue of back or flank
21935	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank
22305	1	Closed treatment of vertebral process fracture(s)
22310	1	Closed treatment of vertebral body fracture(s), without manipulation, requiring and including casting or bracing
22315	2	Closed treatment of vertebral fracture(s) and/or dislocation(s) requiring casting or bracing, with and including casting and/or bracing, with or without anesthesia, by manipulation or traction
22505	2	Manipulation of spine requiring anesthesia, any region
22900	4	Excision, abdominal wall tumor, subfascial (eg, desmoid)
23000	2	Removal of subdeltoid calcareous deposits, open
23020	2	Capsular contracture release (eg, Sever type procedure)
23030	1	Incision and drainage, shoulder area; deep abscess or hematoma
23031	3	Incision and drainage, shoulder area; infected bursa
23035	3	Incision, bone cortex (eg, osteomyelitis or bone abscess), shoulder area
23040	3	Arthrotomy, glenohumeral joint, including exploration, drainage, or removal of foreign body
23044	4	Arthrotomy, acromioclavicular, sternoclavicular joint, including exploration, drainage, or removal of foreign body
23066	2	Biopsy, soft tissue of shoulder area; deep
23075	2	Excision, soft tissue tumor, shoulder area; subcutaneous
23076	2	Excision, soft tissue tumor, shoulder area; deep, subfascial, or intramuscular
23077	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area
23100	2	Arthrotomy, glenohumeral joint, including biopsy
23101	7	Arthrotomy, acromioclavicular joint or sternoclavicular joint, including biopsy and/or excision of torn cartilage
23105	4	Arthrotomy; glenohumeral joint, with synovectomy, with or

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Code	Group	Description
		without biopsy
23106	4	Arthrotomy; sternoclavicular joint, with synovectomy, with or without biopsy
23107	4	Arthrotomy, glenohumeral joint, with joint exploration, with or without removal of loose or foreign body
23120	5	Claviculectomy; partial
23125	5	Claviculectomy; total
23130	5	Acromioplasty or acromionectomy, partial, with or without coracoacromial ligament release
23140	4	Excision or curettage of bone cyst or benign tumor of clavicle or scapula;
23145	5	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with autograft (includes obtaining graft)
23146	5	Excision or curettage of bone cyst or benign tumor of clavicle or scapula; with allograft
23150	4	Excision or curettage of bone cyst or benign tumor of proximal humerus;
23155	5	Excision or curettage of bone cyst or benign tumor of proximal humerus; with autograft (includes obtaining graft)
23156	5	Excision or curettage of bone cyst or benign tumor of proximal humerus; with allograft
23170	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), clavicle
23172	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), scapula
23174	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), humeral head to surgical neck
23180	4	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), clavicle
23182	4	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), scapula
23184	4	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), proximal humerus
23190	4	Ostectomy of scapula, partial (eg, superior medial angle)
23195	5	Resection, humeral head
23330	1	Removal of foreign body, shoulder; subcutaneous
23331	1	Removal of foreign body, shoulder; deep (eg, Neer hemiarthroplasty removal)
23395	5	Muscle transfer, any type, shoulder or upper arm; single

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
23397	7	Muscle transfer, any type, shoulder or upper arm; multiple
23400	7	Scapulopexy (eg, Sprengels deformity or for paralysis)
23405	2	Tenotomy, shoulder area; single tendon
23406	2	Tenotomy, shoulder area; multiple tendons through same incision
23410	5	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; acute
23412	7	Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic
23415	5	Coracoacromial ligament release, with or without acromioplasty
23420	7	Reconstruction of complete shoulder (rotator) cuff avulsion, chronic (includes acromioplasty)
23430	4	Tenodesis of long tendon of biceps
23440	4	Resection or transplantation of long tendon of biceps
23450	5	Capsulorrhaphy, anterior; Putti-Platt procedure or Magnuson type operation
23455	7	Capsulorrhaphy, anterior; with labral repair (eg, Bankart procedure)
23460	5	Capsulorrhaphy, anterior, any type; with bone block
23462	7	Capsulorrhaphy, anterior, any type; with coracoid process transfer
23465	5	Capsulorrhaphy, glenohumeral joint, posterior, with or without bone block
23466	7	Capsulorrhaphy, glenohumeral joint, any type multi-directional instability
23480	4	Osteotomy, clavicle, with or without internal fixation;
23485	7	Osteotomy, clavicle, with or without internal fixation; with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation)
23490	3	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; clavicle
23491	3	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus
23500	1	Closed treatment of clavicular fracture; without manipulation
23505	1	Closed treatment of clavicular fracture; with manipulation
23515	3	Open treatment of clavicular fracture, with or without internal or external fixation

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Code	Group	Description
23520	1	Closed treatment of sternoclavicular dislocation; without manipulation
23525	1	Closed treatment of sternoclavicular dislocation; with manipulation
23530	3	Open treatment of sternoclavicular dislocation, acute or chronic;
23532	4	Open treatment of sternoclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23540	1	Closed treatment of acromioclavicular dislocation; without manipulation
23545	1	Closed treatment of acromioclavicular dislocation; with manipulation
23550	3	Open treatment of acromioclavicular dislocation, acute or chronic;
23552	4	Open treatment of acromioclavicular dislocation, acute or chronic; with fascial graft (includes obtaining graft)
23570	1	Closed treatment of scapular fracture; without manipulation
23575	1	Closed treatment of scapular fracture; with manipulation, with or without skeletal traction (with or without shoulder joint involvement)
23585	3	Open treatment of scapular fracture (body, glenoid or acromion) with or without internal fixation
23600	1	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; without manipulation
23605	2	Closed treatment of proximal humeral (surgical or anatomical neck) fracture; with manipulation, with or without skeletal traction
23615	4	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s);
23616	4	Open treatment of proximal humeral (surgical or anatomical neck) fracture, with or without internal or external fixation, with or without repair of tuberosity(s); with proximal humeral prosthetic replacement
23620	1	Closed treatment of greater humeral tuberosity fracture; without manipulation
23625	2	Closed treatment of greater humeral tuberosity fracture; with manipulation
23630	5	Open treatment of greater humeral tuberosity fracture, with or

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Code	Group	Description
		without internal or external fixation
23650	1	Closed treatment of shoulder dislocation, with manipulation; without anesthesia
23655	1	Closed treatment of shoulder dislocation, with manipulation; requiring anesthesia
23660	3	Open treatment of acute shoulder dislocation
23665	2	Closed treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with manipulation
23670	3	Open treatment of shoulder dislocation, with fracture of greater humeral tuberosity, with or without internal or external fixation
23675	2	Closed treatment of shoulder dislocation, with surgical or anatomical neck fracture, with manipulation
23680	3	Open treatment of shoulder dislocation, with surgical or anatomical neck fracture, with or without internal or external fixation
23700	1	Manipulation under anesthesia, shoulder joint, including application of fixation apparatus (dislocation excluded)
23800	4	Arthrodesis, glenohumeral joint;
23802	7	Arthrodesis, glenohumeral joint; with autogenous graft (includes obtaining graft)
23921	3	Disarticulation of shoulder; secondary closure or scar revision
23930	1	Incision and drainage, upper arm or elbow area; deep abscess or hematoma
23931	2	Incision and drainage, upper arm or elbow area; bursa
23935	2	Incision, deep, with opening of bone cortex (eg, for osteomyelitis or bone abscess), humerus or elbow
24000	4	Arthrotomy, elbow, including exploration, drainage, or removal of foreign body
24006	4	Arthrotomy of the elbow, with capsular excision for capsular release (separate procedure)
24066	2	Biopsy, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24075	2	Excision, tumor, soft tissue of upper arm or elbow area; subcutaneous
24076	2	Excision, tumor, soft tissue of upper arm or elbow area; deep (subfascial or intramuscular)
24077	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		of upper arm or elbow area
24100	1	Arthrotomy, elbow; with synovial biopsy only
24101	4	Arthrotomy, elbow; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
24102	4	Arthrotomy, elbow; with synovectomy
24105	3	Excision, olecranon bursa
24110	2	Excision or curettage of bone cyst or benign tumor, humerus;
24115	3	Excision or curettage of bone cyst or benign tumor, humerus; with autograft (includes obtaining graft)
24116	3	Excision or curettage of bone cyst or benign tumor, humerus; with allograft
24120	3	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process;
24125	3	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with autograft (includes obtaining graft)
24126	3	Excision or curettage of bone cyst or benign tumor of head or neck of radius or olecranon process; with allograft
24130	3	Excision, radial head
24134	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), shaft or distal humerus
24136	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), radial head or neck
24138	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), olecranon process
24140	3	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), humerus
24145	3	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), radial head or neck
24147	2	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis), olecranon process
24155	3	Resection of elbow joint (arthrectomy)
24160	2	Implant removal; elbow joint
24164	3	Implant removal; radial head
24201	2	Removal of foreign body, upper arm or elbow area; deep (subfascial or intramuscular)
24301	4	Muscle or tendon transfer, any type, upper arm or elbow, single

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		(excluding 24320-24331)
24305	4	Tendon lengthening, upper arm or elbow, each tendon
24310	3	Tenotomy, open, elbow to shoulder, each tendon
24320	3	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)
24330	3	Flexor-plasty, elbow (eg, Steindler type advancement);
24331	3	Flexor-plasty, elbow (eg, Steindler type advancement); with extensor advancement
24340	3	Tenodesis of biceps tendon at elbow (separate procedure)
24341	3	Repair, tendon or muscle, upper arm or elbow, each tendon or muscle, primary or secondary (excludes rotator cuff)
24342	3	Reinsertion of ruptured biceps or triceps tendon, distal, with or without tendon graft
24345	2	Repair medial collateral ligament, elbow, with local tissue
24350	3	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis);
24351	3	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with extensor origin detachment
24352	3	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with annular ligament resection
24354	3	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with stripping
24356	3	Fasciotomy, lateral or medial (eg, tennis elbow or epicondylitis); with partial osteotomy
24360	5	Arthroplasty, elbow; with membrane (eg, fascial)
24361	5	Arthroplasty, elbow; with distal humeral prosthetic replacement
24362	5	Arthroplasty, elbow; with implant and fascia lata ligament reconstruction
24363	7	Arthroplasty, elbow; with distal humerus and proximal ulnar prosthetic replacement (eg, total elbow)
24365	5	Arthroplasty, radial head;
24366	5	Arthroplasty, radial head; with implant
24400	4	Osteotomy, humerus, with or without internal fixation
24410	4	Multiple osteotomies with realignment on intramedullary rod, humeral shaft (Sofield type procedure)
24420	3	Osteoplasty, humerus (eg, shortening or lengthening) (excluding 64876)
24430	3	Repair of nonunion or malunion, humerus; without graft (eg,

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		compression technique)
24435	4	Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)
24470	3	Hemiepiphyseal arrest (eg, cubitus varus or valgus, distal humerus)
24495	2	Decompression fasciotomy, forearm, with brachial artery exploration
24498	3	Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft
24500	1	Closed treatment of humeral shaft fracture; without manipulation
24505	1	Closed treatment of humeral shaft fracture; with manipulation, with or without skeletal traction
24515	4	Open treatment of humeral shaft fracture with plate/screws, with or without cerclage
24516	4	Treatment of humeral shaft fracture, with insertion of intramedullary implant, with or without cerclage and/or locking screws
24530	1	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; without manipulation
24535	1	Closed treatment of supracondylar or transcondylar humeral fracture, with or without intercondylar extension; with manipulation, with or without skin or skeletal traction
24538	2	Percutaneous skeletal fixation of supracondylar or transcondylar humeral fracture, with or without intercondylar extension
24545	4	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; without intercondylar extension
24546	5	Open treatment of humeral supracondylar or transcondylar fracture, with or without internal or external fixation; with intercondylar extension
24560	1	Closed treatment of humeral epicondylar fracture, medial or lateral; without manipulation
24565	2	Closed treatment of humeral epicondylar fracture, medial or lateral; with manipulation
24566	2	Percutaneous skeletal fixation of humeral epicondylar fracture, medial or lateral, with manipulation
24575	3	Open treatment of humeral epicondylar fracture, medial or

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Code	Group	Description
		lateral, with or without internal or external fixation
24576	1	Closed treatment of humeral condylar fracture, medial or lateral; without manipulation
24577	1	Closed treatment of humeral condylar fracture, medial or lateral; with manipulation
24579	3	Open treatment of humeral condylar fracture, medial or lateral, with or without internal or external fixation
24582	2	Percutaneous skeletal fixation of humeral condylar fracture, medial or lateral, with manipulation
24586	4	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/ or proximal radius);
24587	5	Open treatment of periarticular fracture and/or dislocation of the elbow (fracture distal humerus and proximal ulna and/ or proximal radius); with implant arthroplasty
24600	1	Treatment of closed elbow dislocation; without anesthesia
24605	2	Treatment of closed elbow dislocation; requiring anesthesia
24615	3	Open treatment of acute or chronic elbow dislocation
24620	2	Closed treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with manipulation
24635	3	Open treatment of Monteggia type of fracture dislocation at elbow (fracture proximal end of ulna with dislocation of radial head), with or without internal or external fixation
24655	1	Closed treatment of radial head or neck fracture; with manipulation
24665	4	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision;
24666	4	Open treatment of radial head or neck fracture, with or without internal fixation or radial head excision; with radial head prosthetic replacement
24670	1	Closed treatment of ulnar fracture, proximal end (olecranon process); without manipulation
24675	1	Closed treatment of ulnar fracture, proximal end (olecranon process); with manipulation
24685	3	Open treatment of ulnar fracture proximal end (olecranon process), with or without internal or external fixation
24800	4	Arthrodesis, elbow joint; local

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
24802	5	Arthrodesis, elbow joint; with autogenous graft (includes obtaining graft)
24925	3	Amputation, arm through humerus; secondary closure or scar revision
25000	3	Incision, extensor tendon sheath, wrist (eg, deQuervains disease)
25020	3	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; without debridement of nonviable muscle and/or nerve
25023	3	Decompression fasciotomy, forearm and/or wrist, flexor OR extensor compartment; with debridement of nonviable muscle and/or nerve
25024	3	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; without debridement of nonviable muscle and/or nerve
25025	3	Decompression fasciotomy, forearm and/or wrist, flexor AND extensor compartment; with debridement of nonviable muscle and/or nerve
25028	1	Incision and drainage, forearm and/or wrist; deep abscess or hematoma
25031	2	Incision and drainage, forearm and/or wrist; bursa
25035	2	Incision, deep, bone cortex, forearm and/or wrist (eg, osteomyelitis or bone abscess)
25040	5	Arthrotomy, radiocarpal or midcarpal joint, with exploration, drainage, or removal of foreign body
25066	2	Biopsy, soft tissue of forearm and/or wrist; deep (subfascial or intramuscular)
25075	2	Excision, tumor, soft tissue of forearm and/or wrist area; subcutaneous
25076	3	Excision, tumor, soft tissue of forearm and/or wrist area; deep (subfascial or intramuscular)
25077	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area
25085	3	Capsulotomy, wrist (eg, contracture)
25100	2	Arthrotomy, wrist joint; with biopsy
25101	3	Arthrotomy, wrist joint; with joint exploration, with or without biopsy, with or without removal of loose or foreign body
25105	4	Arthrotomy, wrist joint; with synovectomy

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Code	Group	Description
25107	3	Arthrotomy, distal radioulnar joint including repair of triangular cartilage, complex
25110	3	Excision, lesion of tendon sheath, forearm and/or wrist
25111	3	Excision of ganglion, wrist (dorsal or volar); primary
25112	4	Excision of ganglion, wrist (dorsal or volar); recurrent
25115	4	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); flexors
25116	4	Radical excision of bursa, synovia of wrist, or forearm tendon sheaths (eg, tenosynovitis, fungus, Tbc, or other granulomas, rheumatoid arthritis); extensors, with or without transposition of dorsal retinaculum
25118	2	Synovectomy, extensor tendon sheath, wrist, single compartment;
25119	3	Synovectomy, extensor tendon sheath, wrist, single compartment; with resection of distal ulna
25120	3	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process);
25125	3	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with autograft (includes obtaining graft)
25126	3	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); with allograft
25130	3	Excision or curettage of bone cyst or benign tumor of carpal bones;
25135	3	Excision or curettage of bone cyst or benign tumor of carpal bones; with autograft (includes obtaining graft)
25136	3	Excision or curettage of bone cyst or benign tumor of carpal bones; with allograft
25145	2	Sequestrectomy (eg, for osteomyelitis or bone abscess), forearm and/or wrist
25150	2	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); ulna
25151	2	Partial excision (craterization, saucerization, or diaphysectomy) of bone (eg, for osteomyelitis); radius
25210	3	Carpectomy; one bone
25215	4	Carpectomy; all bones of proximal row

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Code	Group	Description
25230	4	Radial styloidectomy (separate procedure)
25240	4	Excision distal ulna partial or complete (eg, Darrach type or matched resection)
25248	2	Exploration with removal of deep foreign body, forearm or wrist
25250	1	Removal of wrist prosthesis; (separate procedure)
25251	1	Removal of wrist prosthesis; complicated, including total wrist
25260	4	Repair, tendon or muscle, flexor, forearm and/or wrist; primary, single, each tendon or muscle
25263	2	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, single, each tendon or muscle
25265	3	Repair, tendon or muscle, flexor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25270	4	Repair, tendon or muscle, extensor, forearm and/or wrist; primary, single, each tendon or muscle
25272	3	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, single, each tendon or muscle
25274	4	Repair, tendon or muscle, extensor, forearm and/or wrist; secondary, with free graft (includes obtaining graft), each tendon or muscle
25275	4	Repair, tendon sheath, extensor, forearm and/or wrist, with free graft (includes obtaining graft) (eg, for extensor carpi ulnaris subluxation)
25280	4	Lengthening or shortening of flexor or extensor tendon, forearm and/or wrist, single, each tendon
25290	3	Tenotomy, open, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25295	3	Tenolysis, flexor or extensor tendon, forearm and/or wrist, single, each tendon
25300	3	Tenodesis at wrist; flexors of fingers
25301	3	Tenodesis at wrist; extensors of fingers
25310	3	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; each tendon
25312	4	Tendon transplantation or transfer, flexor or extensor, forearm and/or wrist, single; with tendon graft(s) (includes obtaining graft), each tendon
25315	3	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture),

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Code	Group	Description
		forearm and/or wrist;
25316	3	Flexor origin slide (eg, for cerebral palsy, Volkmann contracture), forearm and/or wrist; with tendon(s) transfer
25320	3	Capsulorrhaphy or reconstruction, wrist, open (eg, capsulodesis, ligament repair, tendon transfer or graft) (includes synovectomy, capsulotomy and open reduction) for carpal instability
25332	5	Arthroplasty, wrist, with or without interposition, with or without external or internal fixation
25335	3	Centralization of wrist on ulna (eg, radial club hand)
25337	5	Reconstruction for stabilization of unstable distal ulna or distal radioulnar joint, secondary by soft tissue stabilization (eg, tendon transfer, tendon graft or weave, or tenodesis) with or without open reduction of distal radioulnar joint
25350	3	Osteotomy, radius; distal third
25355	3	Osteotomy, radius; middle or proximal third
25360	3	Osteotomy; ulna
25365	3	Osteotomy; radius AND ulna
25370	3	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius OR ulna
25375	4	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure); radius AND ulna
25390	3	Osteoplasty, radius OR ulna; shortening
25391	4	Osteoplasty, radius OR ulna; lengthening with autograft
25392	3	Osteoplasty, radius AND ulna; shortening (excluding 64876)
25393	4	Osteoplasty, radius AND ulna; lengthening with autograft
25400	3	Repair of nonunion or malunion, radius OR ulna; without graft (eg, compression technique)
25405	4	Repair of nonunion or malunion, radius OR ulna; with autograft (includes obtaining graft)
25415	3	Repair of nonunion or malunion, radius AND ulna; without graft (eg, compression technique)
25420	4	Repair of nonunion or malunion, radius AND ulna; with autograft (includes obtaining graft)
25425	3	Repair of defect with autograft; radius OR ulna
25426	4	Repair of defect with autograft; radius AND ulna
25440	4	Repair of nonunion, scaphoid carpal (navicular) bone, with or without radial styloidectomy (includes obtaining graft and

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Code	Group	Description
		necessary fixation)
25441	5	Arthroplasty with prosthetic replacement; distal radius
25442	5	Arthroplasty with prosthetic replacement; distal ulna
25443	5	Arthroplasty with prosthetic replacement; scaphoid carpal (navicular)
25444	5	Arthroplasty with prosthetic replacement; lunate
25445	5	Arthroplasty with prosthetic replacement; trapezium
25446	7	Arthroplasty with prosthetic replacement; distal radius and partial or entire carpus (total wrist)
25447	5	Arthroplasty, interposition, intercarpal or carpometacarpal joints
25449	5	Revision of arthroplasty, including removal of implant, wrist joint
25450	3	Epiphyseal arrest by epiphysiodesis or stapling; distal radius OR ulna
25455	3	Epiphyseal arrest by epiphysiodesis or stapling; distal radius AND ulna
25490	3	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius
25491	3	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; ulna
25492	3	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; radius AND ulna
25505	1	Closed treatment of radial shaft fracture; with manipulation
25515	3	Open treatment of radial shaft fracture, with or without internal or external fixation
25520	1	Closed treatment of radial shaft fracture and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation)
25525	4	Open treatment of radial shaft fracture, with internal and/ or external fixation and closed treatment of dislocation of distal radioulnar joint (Galeazzi fracture/dislocation), with or without percutaneous skeletal fixation
25526	5	Open treatment of radial shaft fracture, with internal and/or external fixation and open treatment, with or without internal or external fixation of distal radioulnar joint (Galeazzi fracture/dislocation), includes repair of triangular fibrocartilage comp

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Code	Group	Description
25535	1	Closed treatment of ulnar shaft fracture; with manipulation
25545	3	Open treatment of ulnar shaft fracture, with or without internal or external fixation
25565	2	Closed treatment of radial and ulnar shaft fractures; with manipulation
25574	3	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius OR ulna
25575	3	Open treatment of radial AND ulnar shaft fractures, with internal or external fixation; of radius AND ulna
25605	3	Closed treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid; with manipulation
25611	3	Percutaneous skeletal fixation of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation, with or without external fixation
25620	5	Open treatment of distal radial fracture (eg, Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, with or without internal or external fixation
25624	2	Closed treatment of carpal scaphoid (navicular) fracture; with manipulation
25628	3	Open treatment of carpal scaphoid (navicular) fracture, with or without internal or external fixation
25635	1	Closed treatment of carpal bone fracture (excluding carpal scaphoid (navicular)); with manipulation, each bone
25645	3	Open treatment of carpal bone fracture (other than carpal scaphoid (navicular)), each bone
25660	1	Closed treatment of radiocarpal or intercarpal dislocation, one or more bones, with manipulation
25670	3	Open treatment of radiocarpal or intercarpal dislocation, one or more bones
25671	1	Percutaneous skeletal fixation of distal radioulnar dislocation
25675	1	Closed treatment of distal radioulnar dislocation with manipulation
25676	2	Open treatment of distal radioulnar dislocation, acute or chronic
25680	2	Closed treatment of trans-scaphoperilunar type of fracture dislocation, with manipulation
25685	3	Open treatment of trans-scaphoperilunar type of fracture

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Code	Group	Description
		dislocation
25690	1	Closed treatment of lunate dislocation, with manipulation
25695	2	Open treatment of lunate dislocation
25800	4	Arthrodesis, wrist; complete, without bone graft (includes radiocarpal and/or intercarpal and/or carpometacarpal joints)
25805	5	Arthrodesis, wrist; with sliding graft
25810	5	Arthrodesis, wrist; with iliac or other autograft (includes obtaining graft)
25820	4	Arthrodesis, wrist; limited, without bone graft (eg, intercarpal or radiocarpal)
25825	5	Arthrodesis, wrist; with autograft (includes obtaining graft)
25830	5	Arthrodesis, distal radioulnar joint with segmental resection of ulna, with or without bone graft (eg, Sauve-Kapandji procedure)
25907	3	Amputation, forearm, through radius and ulna; secondary closure or scar revision
25922	3	Disarticulation through wrist; secondary closure or scar revision
25929	3	Transmetacarpal amputation; secondary closure or scar revision
26011	1	Drainage of finger abscess; complicated (eg, felon)
26020	2	Drainage of tendon sheath, digit and/or palm, each
26025	1	Drainage of palmar bursa; single, bursa
26030	2	Drainage of palmar bursa; multiple bursa
26034	2	Incision, bone cortex, hand or finger (eg, osteomyelitis or bone abscess)
26040	4	Fasciotomy, palmar (eg, Dupuytren's contracture); percutaneous
26045	3	Fasciotomy, palmar (eg, Dupuytren's contracture); open, partial
26055	2	Tendon sheath incision (eg, for trigger finger)
26060	2	Tenotomy, percutaneous, single, each digit
26070	2	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; carpometacarpal joint
26075	4	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; metacarpophalangeal joint, each
26080	4	Arthrotomy, with exploration, drainage, or removal of loose or foreign body; interphalangeal joint, each
26100	2	Arthrotomy with biopsy; carpometacarpal joint, each
26105	1	Arthrotomy with biopsy; metacarpophalangeal joint, each
26110	1	Arthrotomy with biopsy; interphalangeal joint, each
26115	2	Excision, tumor or vascular malformation, soft tissue of hand or

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Code	Group	Description
		finger; subcutaneous
26116	2	Excision, tumor or vascular malformation, soft tissue of hand or finger; deep (subfascial or intramuscular)
26117	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger
26121	4	Fasciectomy, palm only, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft)
26123	4	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft);
26125	4	Fasciectomy, partial palmar with release of single digit including proximal interphalangeal joint, with or without Z-plasty, other local tissue rearrangement, or skin grafting (includes obtaining graft); each additional digit (List separately in addition
26130	3	Synovectomy, carpometacarpal joint
26135	4	Synovectomy, metacarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit
26140	2	Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint
26145	3	Synovectomy, tendon sheath, radical (tenosynovectomy), flexor tendon, palm and/or finger, each tendon
26160	3	Excision of lesion of tendon sheath or joint capsule (eg, cyst, mucous cyst, or ganglion), hand or finger
26170	3	Excision of tendon, palm, flexor, single (separate procedure), each
26180	3	Excision of tendon, finger, flexor (separate procedure), each tendon
26185	4	Sesamoidectomy, thumb or finger (separate procedure)
26200	2	Excision or curettage of bone cyst or benign tumor of metacarpal;
26205	3	Excision or curettage of bone cyst or benign tumor of metacarpal; with autograft (includes obtaining graft)
26210	2	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger;
26215	3	Excision or curettage of bone cyst or benign tumor of proximal, middle, or distal phalanx of finger; with autograft (includes obtaining graft)
26230	7	Partial excision (craterization, saucerization, or diaphysectomy)

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Code	Group	Description
		bone (eg, osteomyelitis); metacarpal
26235	3	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); proximal or middle phalanx of finger
26236	3	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis); distal phalanx of finger
26250	3	Radical resection, metacarpal (eg, tumor);
26255	3	Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)
26260	3	Radical resection, proximal or middle phalanx of finger (eg, tumor);
26261	3	Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)
26262	2	Radical resection, distal phalanx of finger (eg, tumor)
26320	2	Removal of implant from finger or hand
26350	1	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26352	4	Repair or advancement, flexor tendon, not in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26356	4	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); primary or secondary without free graft, each tendon
26357	4	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary, each tendon
26358	4	Repair or advancement, flexor tendon, in zone 2 digital flexor tendon sheath (eg, no man's land); secondary with free graft (includes obtaining graft), each tendon
26370	4	Repair or advancement of profundus tendon, with intact superficialis tendon; primary, each tendon
26372	4	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary with free graft (includes obtaining graft), each tendon
26373	3	Repair or advancement of profundus tendon, with intact superficialis tendon; secondary without free graft, each tendon
26390	4	Excision flexor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26392	3	Removal of synthetic rod and insertion of flexor tendon graft,

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Code	Group	Description
		hand or finger (includes obtaining graft), each rod
26410	3	Repair, extensor tendon, hand, primary or secondary; without free graft, each tendon
26412	3	Repair, extensor tendon, hand, primary or secondary; with free graft (includes obtaining graft), each tendon
26415	4	Excision of extensor tendon, with implantation of synthetic rod for delayed tendon graft, hand or finger, each rod
26416	3	Removal of synthetic rod and insertion of extensor tendon graft (includes obtaining graft), hand or finger, each rod
26418	4	Repair, extensor tendon, finger, primary or secondary; without free graft, each tendon
26420	4	Repair, extensor tendon, finger, primary or secondary; with free graft (includes obtaining graft) each tendon
26426	3	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); using local tissue(s), including lateral band(s), each finger
26428	3	Repair of extensor tendon, central slip, secondary (eg, boutonniere deformity); with free graft (includes obtaining graft), each finger
26432	3	Closed treatment of distal extensor tendon insertion, with or without percutaneous pinning (eg, mallet finger)
26433	3	Repair of extensor tendon, distal insertion, primary or secondary; without graft (eg, mallet finger)
26434	3	Repair of extensor tendon, distal insertion, primary or secondary; with free graft (includes obtaining graft)
26437	3	Realignment of extensor tendon, hand, each tendon
26440	3	Tenolysis, flexor tendon; palm OR finger, each tendon
26442	3	Tenolysis, flexor tendon; palm AND finger, each tendon
26445	3	Tenolysis, extensor tendon, hand OR finger; each tendon
26449	3	Tenolysis, complex, extensor tendon, finger, including forearm, each tendon
26450	3	Tenotomy, flexor, palm, open, each tendon
26455	3	Tenotomy, flexor, finger, open, each tendon
26460	3	Tenotomy, extensor, hand or finger, open, each tendon
26471	2	Tenodesis; of proximal interphalangeal joint, each joint
26474	2	Tenodesis; of distal joint, each joint
26476	1	Lengthening of tendon, extensor, hand or finger, each tendon

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Code	Group	Description
26477	1	Shortening of tendon, extensor, hand or finger, each tendon
26478	1	Lengthening of tendon, flexor, hand or finger, each tendon
26479	1	Shortening of tendon, flexor, hand or finger, each tendon
26480	3	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; without free graft, each tendon
26483	3	Transfer or transplant of tendon, carpometacarpal area or dorsum of hand; with free tendon graft (includes obtaining graft), each tendon
26485	2	Transfer or transplant of tendon, palmar; without free tendon graft, each tendon
26489	3	Transfer or transplant of tendon, palmar; with free tendon graft (includes obtaining graft), each tendon
26490	3	Opponensplasty; superficialis tendon transfer type, each tendon
26492	3	Opponensplasty; tendon transfer with graft (includes obtaining graft), each tendon
26494	3	Opponensplasty; hypothenar muscle transfer
26496	3	Opponensplasty; other methods
26497	3	Transfer of tendon to restore intrinsic function; ring and small finger
26498	4	Transfer of tendon to restore intrinsic function; all four fingers
26499	3	Correction claw finger, other methods
26500	4	Reconstruction of tendon pulley, each tendon; with local tissues (separate procedure)
26502	4	Reconstruction of tendon pulley, each tendon; with tendon or fascial graft (includes obtaining graft) (separate procedure)
26504	4	Reconstruction of tendon pulley, each tendon; with tendon prosthesis (separate procedure)
26508	3	Release of thenar muscle(s) (eg, thumb contracture)
26510	3	Cross intrinsic transfer, each tendon
26516	1	Capsulodesis, metacarpophalangeal joint; single digit
26517	3	Capsulodesis, metacarpophalangeal joint; two digits
26518	3	Capsulodesis, metacarpophalangeal joint; three or four digits
26520	3	Capsulectomy or capsulotomy; metacarpophalangeal joint, each joint
26525	3	Capsulectomy or capsulotomy; interphalangeal joint, each joint
26530	3	Arthroplasty, metacarpophalangeal joint; each joint
26531	7	Arthroplasty, metacarpophalangeal joint; with prosthetic

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Code	Group	Description
		implant, each joint
26535	5	Arthroplasty, interphalangeal joint; each joint
26536	5	Arthroplasty, interphalangeal joint; with prosthetic implant, each joint
26540	4	Repair of collateral ligament, metacarpophalangeal or interphalangeal joint
26541	7	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with tendon or fascial graft (includes obtaining graft)
26542	4	Reconstruction, collateral ligament, metacarpophalangeal joint, single; with local tissue (eg, adductor advancement)
26545	4	Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint
26546	4	Repair non-union, metacarpal or phalanx, (includes obtaining bone graft with or without external or internal fixation)
26548	4	Repair and reconstruction, finger, volar plate, interphalangeal joint
26550	2	Pollicization of a digit
26555	3	Transfer, finger to another position without microvascular anastomosis
26560	2	Repair of syndactyly (web finger) each web space; with skin flaps
26561	3	Repair of syndactyly (web finger) each web space; with skin flaps and grafts
26562	4	Repair of syndactyly (web finger) each web space; complex (eg, involving bone, nails)
26565	5	Osteotomy; metacarpal, each
26567	5	Osteotomy; phalanx of finger, each
26568	3	Osteoplasty, lengthening, metacarpal or phalanx
26580	5	Repair cleft hand
26587	5	Reconstruction of polydactylous digit, soft tissue and bone
26590	5	Repair macrodactylia, each digit
26591	3	Repair, intrinsic muscles of hand, each muscle
26593	3	Release, intrinsic muscles of hand, each muscle
26596	2	Excision of constricting ring of finger, with multiple Z-plasties
26605	2	Closed treatment of metacarpal fracture, single; with manipulation, each bone
26607	2	Closed treatment of metacarpal fracture, with manipulation, with

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Code	Group	Description
		external fixation, each bone
26608	4	Percutaneous skeletal fixation of metacarpal fracture, each bone
26615	4	Open treatment of metacarpal fracture, single, with or without internal or external fixation, each bone
26645	1	Closed treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation
26650	2	Percutaneous skeletal fixation of carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation, with or without external fixation
26665	4	Open treatment of carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external fixation
26675	2	Closed treatment of carpometacarpal dislocation, other than thumb, with manipulation, each joint; requiring anesthesia
26676	2	Percutaneous skeletal fixation of carpometacarpal dislocation, other than thumb, with manipulation, each joint
26685	3	Open treatment of carpometacarpal dislocation, other than thumb; with or without internal or external fixation, each joint
26686	3	Open treatment of carpometacarpal dislocation, other than thumb; complex, multiple or delayed reduction
26705	2	Closed treatment of metacarpophalangeal dislocation, single, with manipulation; requiring anesthesia
26706	2	Percutaneous skeletal fixation of metacarpophalangeal dislocation, single, with manipulation
26715	4	Open treatment of metacarpophalangeal dislocation, single, with or without internal or external fixation
26727	7	Percutaneous skeletal fixation of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, each
26735	4	Open treatment of phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external fixation, each
26742	2	Closed treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint; with manipulation, each
26746	5	Open treatment of articular fracture, involving metacarpophalangeal or interphalangeal joint, with or without internal or external fixation, each
26756	2	Percutaneous skeletal fixation of distal phalangeal fracture, finger

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Code	Group	Description
		or thumb, each
26765	4	Open treatment of distal phalangeal fracture, finger or thumb, with or without internal or external fixation, each
26776	2	Percutaneous skeletal fixation of interphalangeal joint dislocation, single, with manipulation
26785	2	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation, single
26820	5	Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)
26841	4	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;
26842	4	Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation; with autograft (includes obtaining graft)
26843	3	Arthrodesis, carpometacarpal joint, digit, other than thumb, each;
26844	3	Arthrodesis, carpometacarpal joint, digit, other than thumb, each; with autograft (includes obtaining graft)
26850	4	Arthrodesis, metacarpophalangeal joint, with or without internal fixation;
26852	4	Arthrodesis, metacarpophalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26860	3	Arthrodesis, interphalangeal joint, with or without internal fixation;
26861	2	Arthrodesis, interphalangeal joint, with or without internal fixation; each additional interphalangeal joint (List separately in addition to code for primary procedure)
26862	4	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft)
26863	3	Arthrodesis, interphalangeal joint, with or without internal fixation; with autograft (includes obtaining graft), each additional joint (List separately in addition to code for primary procedure)
26910	3	Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer
26951	2	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure
26952	4	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with local advancement flaps (V-Y, hood)
26990	1	Incision and drainage, pelvis or hip joint area; deep abscess or

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Code	Group	Description
		hematoma
26991	1	Incision and drainage, pelvis or hip joint area; infected bursa
27000	2	Tenotomy, adductor of hip, percutaneous (separate procedure)
27001	3	Tenotomy, adductor of hip, open
27003	3	Tenotomy, adductor, subcutaneous, open, with obturator neurectomy
27033	3	Arthrotomy, hip, including exploration or removal of loose or foreign body
27035	4	Denervation, hip joint, intrapelvic or extrapelvic intra-articular branches of sciatic, femoral, or obturator nerves
27040	1	Biopsy, soft tissue of pelvis and hip area; superficial
27041	2	Biopsy, soft tissue of pelvis and hip area; deep, subfascial or intramuscular
27047	2	Excision, tumor, pelvis and hip area; subcutaneous tissue
27048	3	Excision, tumor, pelvis and hip area; deep, subfascial, intramuscular
27049	3	Radical resection of tumor, soft tissue of pelvis and hip area (eg, malignant neoplasm)
27050	3	Arthrotomy, with biopsy; sacroiliac joint
27052	3	Arthrotomy, with biopsy; hip joint
27060	5	Excision; ischial bursa
27062	5	Excision; trochanteric bursa or calcification
27065	5	Excision of bone cyst or benign tumor; superficial (wing of ilium, symphysis pubis, or greater trochanter of femur) with or without autograft
27066	5	Excision of bone cyst or benign tumor; deep, with or without autograft
27067	5	Excision of bone cyst or benign tumor; with autograft requiring separate incision
27080	2	Coccygectomy, primary
27086	1	Removal of foreign body, pelvis or hip; subcutaneous tissue
27087	3	Removal of foreign body, pelvis or hip; deep (subfascial or intramuscular)
27097	3	Release or recession, hamstring, proximal
27098	3	Transfer, adductor to ischium
27100	4	Transfer external oblique muscle to greater trochanter including fascial or tendon extension (graft)

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Code	Group	Description
27105	4	Transfer paraspinal muscle to hip (includes fascial or tendon extension graft)
27110	4	Transfer iliopsoas; to greater trochanter of femur
27111	4	Transfer iliopsoas; to femoral neck
27193	1	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; without manipulation
27194	2	Closed treatment of pelvic ring fracture, dislocation, diastasis or subluxation; with manipulation, requiring more than local anesthesia
27202	2	Open treatment of coccygeal fracture
27230	1	Closed treatment of femoral fracture, proximal end, neck; without manipulation
27238	1	Closed treatment of intertrochanteric, pertrochanteric, or subtrochanteric femoral fracture; without manipulation
27246	1	Closed treatment of greater trochanteric fracture, without manipulation
27250	1	Closed treatment of hip dislocation, traumatic; without anesthesia
27252	2	Closed treatment of hip dislocation, traumatic; requiring anesthesia
27257	3	Treatment of spontaneous hip dislocation (developmental, including congenital or pathological), by abduction, splint or traction; with manipulation, requiring anesthesia
27265	1	Closed treatment of post hip arthroplasty dislocation; without anesthesia
27266	2	Closed treatment of post hip arthroplasty dislocation; requiring regional or general anesthesia
27275	2	Manipulation, hip joint, requiring general anesthesia
27301	3	Incision and drainage, deep abscess, bursa, or hematoma, thigh or knee region
27305	2	Fasciotomy, iliotibial (tenotomy), open
27306	3	Tenotomy, percutaneous, adductor or hamstring; single tendon (separate procedure)
27307	3	Tenotomy, percutaneous, adductor or hamstring; multiple tendons
27310	4	Arthrotomy, knee, with exploration, drainage, or removal of foreign body (eg, infection)

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Code	Group	Description
27315	2	Neurectomy, hamstring muscle
27320	2	Neurectomy, popliteal (gastrocnemius)
27323	1	Biopsy, soft tissue of thigh or knee area; superficial
27324	1	Biopsy, soft tissue of thigh or knee area; deep (subfascial or intramuscular)
27327	2	Excision, tumor, thigh or knee area; subcutaneous
27328	3	Excision, tumor, thigh or knee area; deep, subfascial, or intramuscular
27329	4	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area
27330	4	Arthrotomy, knee; with synovial biopsy only
27331	4	Arthrotomy, knee; including joint exploration, biopsy, or removal of loose or foreign bodies
27332	4	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial OR lateral
27333	4	Arthrotomy, with excision of semilunar cartilage (meniscectomy) knee; medial AND lateral
27334	4	Arthrotomy, with synovectomy, knee; anterior OR posterior
27335	4	Arthrotomy, with synovectomy, knee; anterior AND posterior including popliteal area
27340	3	Excision, prepatellar bursa
27345	4	Excision of synovial cyst of popliteal space (eg, Baker's cyst)
27347	4	Excision of lesion of meniscus or capsule (eg, cyst, ganglion), knee
27350	4	Patellectomy or hemipatellectomy
27355	3	Excision or curettage of bone cyst or benign tumor of femur;
27356	4	Excision or curettage of bone cyst or benign tumor of femur; with allograft
27357	5	Excision or curettage of bone cyst or benign tumor of femur; with autograft (includes obtaining graft)
27358	5	Excision or curettage of bone cyst or benign tumor of femur; with internal fixation (List in addition to code for primary procedure)
27360	5	Partial excision (craterization, saucerization, or diaphysectomy) bone, femur, proximal tibia and/or fibula (eg, osteomyelitis or bone abscess)
27372	7	Removal of foreign body, deep, thigh region or knee area
27380	1	Suture of infrapatellar tendon; primary

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Code	Group	Description
27381	3	Suture of infrapatellar tendon; secondary reconstruction, including fascial or tendon graft
27385	3	Suture of quadriceps or hamstring muscle rupture; primary
27386	3	Suture of quadriceps or hamstring muscle rupture; secondary reconstruction, including fascial or tendon graft
27390	1	Tenotomy, open, hamstring, knee to hip; single tendon
27391	2	Tenotomy, open, hamstring, knee to hip; multiple tendons, one leg
27392	3	Tenotomy, open, hamstring, knee to hip; multiple tendons, bilateral
27393	2	Lengthening of hamstring tendon; single tendon
27394	3	Lengthening of hamstring tendon; multiple tendons, one leg
27395	3	Lengthening of hamstring tendon; multiple tendons, bilateral
27396	3	Transplant, hamstring tendon to patella; single tendon
27397	3	Transplant, hamstring tendon to patella; multiple tendons
27400	3	Transfer, tendon or muscle, hamstrings to femur (eg, Egger's type procedure)
27403	4	Arthrotomy with meniscus repair, knee
27405	4	Repair, primary, torn ligament and/or capsule, knee; collateral
27407	4	Repair, primary, torn ligament and/or capsule, knee; cruciate
27409	4	Repair, primary, torn ligament and/or capsule, knee; collateral and cruciate ligaments
27418	3	Anterior tibial tubercleplasty (eg, Maquet type procedure)
27420	3	Reconstruction of dislocating patella; (eg, Hauser type procedure)
27422	7	Reconstruction of dislocating patella; with extensor realignment and/or muscle advancement or release (eg, Campbell, Goldwaite type procedure)
27424	3	Reconstruction of dislocating patella; with patellectomy
27425	7	Lateral retinacular release open
27427	3	Ligamentous reconstruction (augmentation), knee; extra-articular
27428	4	Ligamentous reconstruction (augmentation), knee; intra-articular (open)
27429	4	Ligamentous reconstruction (augmentation), knee; intra-articular (open) and extra-articular
27430	4	Quadricepsplasty (eg, Bennett or Thompson type)
27435	4	Capsulotomy, posterior capsular release, knee

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Code	Group	Description
27437	4	Arthroplasty, patella; without prosthesis
27438	5	Arthroplasty, patella; with prosthesis
27441	5	Arthroplasty, knee, tibial plateau; with debridement and partial synovectomy
27442	5	Arthroplasty, femoral condyles or tibial plateau(s), knee;
27443	5	Arthroplasty, femoral condyles or tibial plateau(s), knee; with debridement and partial synovectomy
27496	5	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor);
27497	3	Decompression fasciotomy, thigh and/or knee, one compartment (flexor or extensor or adductor); with debridement of nonviable muscle and/or nerve
27498	3	Decompression fasciotomy, thigh and/or knee, multiple compartments;
27499	3	Decompression fasciotomy, thigh and/or knee, multiple compartments; with debridement of nonviable muscle and/or nerve
27500	1	Closed treatment of femoral shaft fracture, without manipulation
27501	2	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, without manipulation
27502	2	Closed treatment of femoral shaft fracture, with manipulation, with or without skin or skeletal traction
27503	3	Closed treatment of supracondylar or transcondylar femoral fracture with or without intercondylar extension, with manipulation, with or without skin or skeletal traction
27508	1	Closed treatment of femoral fracture, distal end, medial or lateral condyle, without manipulation
27509	3	Percutaneous skeletal fixation of femoral fracture, distal end, medial or lateral condyle, or supracondylar or transcondylar, with or without intercondylar extension, or distal femoral epiphyseal separation
27510	1	Closed treatment of femoral fracture, distal end, medial or lateral condyle, with manipulation
27516	1	Closed treatment of distal femoral epiphyseal separation; without manipulation
27517	1	Closed treatment of distal femoral epiphyseal separation; with manipulation, with or without skin or skeletal traction

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Code	Group	Description
27520	1	Closed treatment of patellar fracture, without manipulation
27530	1	Closed treatment of tibial fracture, proximal (plateau); without manipulation
27532	1	Closed treatment of tibial fracture, proximal (plateau); with or without manipulation, with skeletal traction
27538	1	Closed treatment of intercondylar spine(s) and/or tuberosity fracture(s) of knee, with or without manipulation
27550	1	Closed treatment of knee dislocation; without anesthesia
27552	1	Closed treatment of knee dislocation; requiring anesthesia
27560	1	Closed treatment of patellar dislocation; without anesthesia
27562	1	Closed treatment of patellar dislocation; requiring anesthesia
27566	2	Open treatment of patellar dislocation, with or without partial or total patellectomy
27570	1	Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices)
27594	3	Amputation, thigh, through femur, any level; secondary closure or scar revision
27600	3	Decompression fasciotomy, leg; anterior and/or lateral compartments only
27601	3	Decompression fasciotomy, leg; posterior compartment(s) only
27602	3	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s)
27603	2	Incision and drainage, leg or ankle; deep abscess or hematoma
27604	2	Incision and drainage, leg or ankle; infected bursa
27605	1	Tenotomy, percutaneous, Achilles tendon (separate procedure); local anesthesia
27606	1	Tenotomy, percutaneous, Achilles tendon (separate procedure); general anesthesia
27607	2	Incision (eg, osteomyelitis or bone abscess), leg or ankle
27610	2	Arthrotomy, ankle, including exploration, drainage, or removal of foreign body
27612	3	Arthrotomy, posterior capsular release, ankle, with or without Achilles tendon lengthening
27614	2	Biopsy, soft tissue of leg or ankle area; deep (subfascial or intramuscular)
27615	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area

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Code	Group	Description
27618	2	Excision, tumor, leg or ankle area; subcutaneous tissue
27619	3	Excision, tumor, leg or ankle area; deep (subfascial or intramuscular)
27620	4	Arthrotomy, ankle, with joint exploration, with or without biopsy, with or without removal of loose or foreign body
27625	4	Arthrotomy, with synovectomy, ankle;
27626	4	Arthrotomy, with synovectomy, ankle; including tenosynovectomy
27630	3	Excision of lesion of tendon sheath or capsule (eg, cyst or ganglion), leg and/or ankle
27635	3	Excision or curettage of bone cyst or benign tumor, tibia or fibula;
27637	3	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with autograft (includes obtaining graft)
27638	3	Excision or curettage of bone cyst or benign tumor, tibia or fibula; with allograft
27640	2	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); tibia
27641	2	Partial excision (craterization, saucerization, or diaphysectomy) bone (eg, osteomyelitis or exostosis); fibula
27647	3	Radical resection of tumor, bone; talus or calcaneus
27650	3	Repair, primary, open or percutaneous, ruptured Achilles tendon;
27652	3	Repair, primary, open or percutaneous, ruptured Achilles tendon; with graft (includes obtaining graft)
27654	3	Repair, secondary, Achilles tendon, with or without graft
27656	2	Repair, fascial defect of leg
27658	1	Repair, flexor tendon, leg; primary, without graft, each tendon
27659	2	Repair, flexor tendon, leg; secondary, with or without graft, each tendon
27664	2	Repair, extensor tendon, leg; primary, without graft, each tendon
27665	2	Repair, extensor tendon, leg; secondary, with or without graft, each tendon
27675	2	Repair, dislocating peroneal tendons; without fibular osteotomy
27676	3	Repair, dislocating peroneal tendons; with fibular osteotomy
27680	3	Tenolysis, flexor or extensor tendon, leg and/or ankle; single, each tendon

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Code	Group	Description
27681	2	Tenolysis, flexor or extensor tendon, leg and/or ankle; multiple tendons (through separate incision(s))
27685	3	Lengthening or shortening of tendon, leg or ankle; single tendon (separate procedure)
27686	3	Lengthening or shortening of tendon, leg or ankle; multiple tendons (through same incision), each
27687	3	Gastrocnemius recession (eg, Strayer procedure)
27690	4	Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (eg, anterior tibial extensors into midfoot)
27691	4	Transfer or transplant of single tendon (with muscle redirection or rerouting); deep (eg, anterior tibial or posterior tibial through interosseous space, flexor digitorum longus, flexor hallucis longus, or peroneal tendon to midfoot or hindfoot)
27692	3	Transfer or transplant of single tendon (with muscle redirection or rerouting); each additional tendon (List separately in addition to code for primary procedure)
27695	2	Repair, primary, disrupted ligament, ankle; collateral
27696	2	Repair, primary, disrupted ligament, ankle; both collateral ligaments
27698	2	Repair, secondary, disrupted ligament, ankle, collateral (eg, Watson-Jones procedure)
27700	5	Arthroplasty, ankle;
27704	2	Removal of ankle implant
27705	2	Osteotomy; tibia
27707	2	Osteotomy; fibula
27709	2	Osteotomy; tibia and fibula
27730	2	Arrest, epiphyseal (epiphysiodesis), open; distal tibia
27732	2	Arrest, epiphyseal (epiphysiodesis), open; distal fibula
27734	2	Arrest, epiphyseal (epiphysiodesis), open; distal tibia and fibula
27740	2	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula;
27742	2	Arrest, epiphyseal (epiphysiodesis), any method, combined, proximal and distal tibia and fibula; and distal femur
27745	3	Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia
27750	1	Closed treatment of tibial shaft fracture (with or without fibular

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Code	Group	Description
		fracture); without manipulation
27752	1	Closed treatment of tibial shaft fracture (with or without fibular fracture); with manipulation, with or without skeletal traction
27756	3	Percutaneous skeletal fixation of tibial shaft fracture (with or without fibular fracture) (eg, pins or screws)
27758	4	Open treatment of tibial shaft fracture, (with or without fibular fracture) with plate/screws, with or without cerclage
27759	4	Treatment of tibial shaft fracture (with or without fibular fracture) by intramedullary implant, with or without interlocking screws and/or cerclage
27760	1	Closed treatment of medial malleolus fracture; without manipulation
27762	1	Closed treatment of medial malleolus fracture; with manipulation, with or without skin or skeletal traction
27766	3	Open treatment of medial malleolus fracture, with or without internal or external fixation
27780	1	Closed treatment of proximal fibula or shaft fracture; without manipulation
27781	1	Closed treatment of proximal fibula or shaft fracture; with manipulation
27784	3	Open treatment of proximal fibula or shaft fracture, with or without internal or external fixation
27786	1	Closed treatment of distal fibular fracture (lateral malleolus); without manipulation
27788	1	Closed treatment of distal fibular fracture (lateral malleolus); with manipulation
27792	3	Open treatment of distal fibular fracture (lateral malleolus), with or without internal or external fixation
27808	1	Closed treatment of bimalleolar ankle fracture, (including Potts); without manipulation
27810	1	Closed treatment of bimalleolar ankle fracture, (including Potts); with manipulation
27814	3	Open treatment of bimalleolar ankle fracture, with or without internal or external fixation
27816	1	Closed treatment of trimalleolar ankle fracture; without manipulation
27818	1	Closed treatment of trimalleolar ankle fracture; with manipulation

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Code	Group	Description
27822	3	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; without fixation of posterior lip
27823	3	Open treatment of trimalleolar ankle fracture, with or without internal or external fixation, medial and/or lateral malleolus; with fixation of posterior lip
27824	1	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; without manipulation
27825	2	Closed treatment of fracture of weight bearing articular portion of distal tibia (eg, pilon or tibial plafond), with or without anesthesia; with skeletal traction and/or requiring manipulation
27826	3	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of fibula only
27827	3	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of tibia only
27828	4	Open treatment of fracture of weight bearing articular surface/portion of distal tibia (eg, pilon or tibial plafond), with internal or external fixation; of both tibia and fibula
27829	2	Open treatment of distal tibiofibular joint (syndesmosis) disruption, with or without internal or external fixation
27830	1	Closed treatment of proximal tibiofibular joint dislocation; without anesthesia
27831	1	Closed treatment of proximal tibiofibular joint dislocation; requiring anesthesia
27832	2	Open treatment of proximal tibiofibular joint dislocation, with or without internal or external fixation, or with excision of proximal fibula
27840	1	Closed treatment of ankle dislocation; without anesthesia
27842	1	Closed treatment of ankle dislocation; requiring anesthesia, with or without percutaneous skeletal fixation
27846	3	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; without repair or internal fixation
27848	3	Open treatment of ankle dislocation, with or without percutaneous skeletal fixation; with repair or internal or external fixation

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Code	Group	Description
27860	1	Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus)
27870	4	Arthrodesis, ankle, open
27871	4	Arthrodesis, tibiofibular joint, proximal or distal
27884	3	Amputation, leg, through tibia and fibula; secondary closure or scar revision
27889	3	Ankle disarticulation
27892	3	Decompression fasciotomy, leg; anterior and/or lateral compartments only, with debridement of nonviable muscle and/or nerve
27893	3	Decompression fasciotomy, leg; posterior compartment(s) only, with debridement of nonviable muscle and/or nerve
27894	3	Decompression fasciotomy, leg; anterior and/or lateral, and posterior compartment(s), with debridement of nonviable muscle and/or nerve
28002	3	Incision and drainage below fascia, with or without tendon sheath involvement, foot; single bursal space
28003	3	Incision and drainage below fascia, with or without tendon sheath involvement, foot; multiple areas
28005	3	Incision, bone cortex (eg, osteomyelitis or bone abscess), foot
28008	3	Fasciotomy, foot and/or toe
28011	3	Tenotomy, percutaneous, toe; multiple tendons
28020	2	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; intertarsal or tarsometatarsal joint
28022	2	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; metatarsophalangeal joint
28024	2	Arthrotomy, including exploration, drainage, or removal of loose or foreign body; interphalangeal joint
28030	4	Neurectomy, intrinsic musculature of foot
28035	4	Release, tarsal tunnel (posterior tibial nerve decompression)
28043	2	Excision, tumor, foot; subcutaneous tissue
28045	3	Excision, tumor, foot; deep, subfascial, intramuscular
28046	3	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot
28050	2	Arthrotomy with biopsy; intertarsal or tarsometatarsal joint
28052	2	Arthrotomy with biopsy; metatarsophalangeal joint
28054	2	Arthrotomy with biopsy; interphalangeal joint

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Code	Group	Description
28060	2	Fasciectomy, plantar fascia; partial (separate procedure)
28062	3	Fasciectomy, plantar fascia; radical (separate procedure)
28070	3	Synovectomy; intertarsal or tarsometatarsal joint, each
28072	3	Synovectomy; metatarsophalangeal joint, each
28080	3	Excision, interdigital (Morton) neuroma, single, each
28086	2	Synovectomy, tendon sheath, foot; flexor
28088	2	Synovectomy, tendon sheath, foot; extensor
28090	3	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); foot
28092	3	Excision of lesion, tendon, tendon sheath, or capsule (including synovectomy) (eg, cyst or ganglion); toe(s), each
28100	2	Excision or curettage of bone cyst or benign tumor, talus or calcaneus;
28102	3	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28103	3	Excision or curettage of bone cyst or benign tumor, talus or calcaneus; with allograft
28104	2	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus;
28106	3	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with iliac or other autograft (includes obtaining graft)
28107	3	Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal, except talus or calcaneus; with allograft
28110	3	Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure)
28111	3	Ostectomy, complete excision; first metatarsal head
28112	3	Ostectomy, complete excision; other metatarsal head (second, third or fourth)
28113	3	Ostectomy, complete excision; fifth metatarsal head
28114	3	Ostectomy, complete excision; all metatarsal heads, with partial proximal phalangectomy, excluding first metatarsal (eg, Clayton type procedure)
28116	3	Ostectomy, excision of tarsal coalition
28118	4	Ostectomy, calcaneus;
28119	4	Ostectomy, calcaneus; for spur, with or without plantar fascial release

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Code	Group	Description
28120	7	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); talus or calcaneus
28122	3	Partial excision (craterization, saucerization, sequestrectomy, or diaphysectomy) bone (eg, osteomyelitis or bossing); tarsal or metatarsal bone, except talus or calcaneus
28126	3	Resection, partial or complete, phalangeal base, each toe
28130	3	Talectomy (astragalectomy)
28140	3	Metatarsectomy
28150	3	Phalangectomy, toe, each toe
28153	3	Resection, condyle(s), distal end of phalanx, each toe
28160	3	Hemiphalangectomy or interphalangeal joint excision, toe, proximal end of phalanx, each
28171	3	Radical resection of tumor, bone; tarsal (except talus or calcaneus)
28173	3	Radical resection of tumor, bone; metatarsal
28175	3	Radical resection of tumor, bone; phalanx of toe
28192	2	Removal of foreign body, foot; deep
28193	4	Removal of foreign body, foot; complicated
28200	3	Repair, tendon, flexor, foot; primary or secondary, without free graft, each tendon
28202	3	Repair, tendon, flexor, foot; secondary with free graft, each tendon (includes obtaining graft)
28208	3	Repair, tendon, extensor, foot; primary or secondary, each tendon
28210	3	Repair, tendon, extensor, foot; secondary with free graft, each tendon (includes obtaining graft)
28222	1	Tenolysis, flexor, foot; multiple tendons
28225	1	Tenolysis, extensor, foot; single tendon
28226	1	Tenolysis, extensor, foot; multiple tendons
28234	2	Tenotomy, open, extensor, foot or toe, each tendon
28238	3	Reconstruction (advancement), posterior tibial tendon with excision of accessory tarsal navicular bone (eg, Kidner type procedure)
28240	2	Tenotomy, lengthening, or release, abductor hallucis muscle
28250	3	Division of plantar fascia and muscle (eg, Steindler stripping) (separate procedure)

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Code	Group	Description
28260	3	Capsulotomy, midfoot; medial release only (separate procedure)
28261	3	Capsulotomy, midfoot; with tendon lengthening
28262	4	Capsulotomy, midfoot; extensive, including posterior talotibial capsulotomy and tendon(s) lengthening (eg, resistant clubfoot deformity)
28264	1	Capsulotomy, midtarsal (eg, Heyman type procedure)
28270	3	Capsulotomy; metatarsophalangeal joint, with or without tenorrhaphy, each joint (separate procedure)
28280	2	Syndactylization, toes (eg, webbing or Kelikian type procedure)
28285	3	Correction, hammertoe (eg, interphalangeal fusion, partial or total phalangectomy)
28286	4	Correction, cock-up fifth toe, with plastic skin closure (eg, Ruiz-Mora type procedure)
28288	3	Ostectomy, partial, exostectomy or condylectomy, metatarsal head, each metatarsal head
28289	3	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint
28290	2	Correction, hallux valgus (bunion), with or without sesamoidectomy; simple exostectomy (eg, Silver type procedure)
28292	2	Correction, hallux valgus (bunion), with or without sesamoidectomy; Keller, McBride, or Mayo type procedure
28293	3	Correction, hallux valgus (bunion), with or without sesamoidectomy; resection of joint with implant
28294	3	Correction, hallux valgus (bunion), with or without sesamoidectomy; with tendon transplants (eg, Joplin type procedure)
28296	3	Correction, hallux valgus (bunion), with or without sesamoidectomy; with metatarsal osteotomy (eg, Mitchell, Chevron, or concentric type procedures)
28297	3	Correction, hallux valgus (bunion), with or without sesamoidectomy; Lapidus type procedure
28298	3	Correction, hallux valgus (bunion), with or without sesamoidectomy; by phalanx osteotomy
28299	5	Correction, hallux valgus (bunion), with or without sesamoidectomy; by double osteotomy
28300	2	Osteotomy; calcaneus (eg, Dwyer or Chambers type procedure), with or without internal fixation

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Code	Group	Description
28302	2	Osteotomy; talus
28304	2	Osteotomy, tarsal bones, other than calcaneus or talus;
28305	3	Osteotomy, tarsal bones, other than calcaneus or talus; with autograft (includes obtaining graft) (eg, Fowler type)
28306	4	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal
28307	4	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; first metatarsal with autograft (other than first toe)
28308	2	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; other than first metatarsal, each
28309	4	Osteotomy, with or without lengthening, shortening or angular correction, metatarsal; multiple (eg, Swanson type cavus foot procedure)
28310	3	Osteotomy, shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)
28312	3	Osteotomy, shortening, angular or rotational correction; other phalanges, any toe
28313	2	Reconstruction, angular deformity of toe, soft tissue procedures only (eg, overlapping second toe, fifth toe, curly toes)
28315	4	Sesamoidectomy, first toe (separate procedure)
28320	4	Repair, nonunion or malunion; tarsal bones
28322	4	Repair, nonunion or malunion; metatarsal, with or without bone graft (includes obtaining graft)
28340	4	Reconstruction, toe, macrodactyly; soft tissue resection
28341	4	Reconstruction, toe, macrodactyly; requiring bone resection
28344	4	Reconstruction, toe(s); polydactyly
28345	4	Reconstruction, toe(s); syndactyly, with or without skin graft(s), each web
28400	1	Closed treatment of calcaneal fracture; without manipulation
28405	2	Closed treatment of calcaneal fracture; with manipulation
28406	2	Percutaneous skeletal fixation of calcaneal fracture, with manipulation
28415	3	Open treatment of calcaneal fracture, with or without internal or external fixation;
28420	4	Open treatment of calcaneal fracture, with or without internal or external fixation; with primary iliac or other autogenous bone

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Code	Group	Description
		graft (includes obtaining graft)
28435	2	Closed treatment of talus fracture; with manipulation
28436	2	Percutaneous skeletal fixation of talus fracture, with manipulation
28445	3	Open treatment of talus fracture, with or without internal or external fixation
28456	2	Percutaneous skeletal fixation of tarsal bone fracture (except talus and calcaneus), with manipulation, each
28465	3	Open treatment of tarsal bone fracture (except talus and calcaneus), with or without internal or external fixation, each
28476	2	Percutaneous skeletal fixation of metatarsal fracture, with manipulation, each
28485	4	Open treatment of metatarsal fracture, with or without internal or external fixation, each
28496	2	Percutaneous skeletal fixation of fracture great toe, phalanx or phalanges, with manipulation
28505	3	Open treatment of fracture great toe, phalanx or phalanges, with or without internal or external fixation
28525	3	Open treatment of fracture, phalanx or phalanges, other than great toe, with or without internal or external fixation, each
28531	3	Open treatment of sesamoid fracture, with or without internal fixation
28545	1	Closed treatment of tarsal bone dislocation, other than talotarsal; requiring anesthesia
28546	2	Percutaneous skeletal fixation of tarsal bone dislocation, other than talotarsal, with manipulation
28555	2	Open treatment of tarsal bone dislocation, with or without internal or external fixation
28575	1	Closed treatment of talotarsal joint dislocation; requiring anesthesia
28576	3	Percutaneous skeletal fixation of talotarsal joint dislocation, with manipulation
28585	3	Open treatment of talotarsal joint dislocation, with or without internal or external fixation
28605	1	Closed treatment of tarsometatarsal joint dislocation; requiring anesthesia
28606	2	Percutaneous skeletal fixation of tarsometatarsal joint

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Code	Group	Description
		dislocation, with manipulation
28615	3	Open treatment of tarsometatarsal joint dislocation, with or without internal or external fixation
28635	1	Closed treatment of metatarsophalangeal joint dislocation; requiring anesthesia
28636	3	Percutaneous skeletal fixation of metatarsophalangeal joint dislocation, with manipulation
28645	3	Open treatment of metatarsophalangeal joint dislocation, with or without internal or external fixation
28665	1	Closed treatment of interphalangeal joint dislocation; requiring anesthesia
28666	3	Percutaneous skeletal fixation of interphalangeal joint dislocation, with manipulation
28675	3	Open treatment of interphalangeal joint dislocation, with or without internal or external fixation
28705	4	Arthrodesis; pantalar
28715	4	Arthrodesis; triple
28725	4	Arthrodesis; subtalar
28730	4	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse;
28735	4	Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; with osteotomy (eg, flatfoot correction)
28737	5	Arthrodesis, with tendon lengthening and advancement, midtarsal, tarsal navicular-cuneiform (eg, Miller type procedure)
28740	4	Arthrodesis, midtarsal or tarsometatarsal, single joint
28750	4	Arthrodesis, great toe; metatarsophalangeal joint
28755	4	Arthrodesis, great toe; interphalangeal joint
28760	4	Arthrodesis, with extensor hallucis longus transfer to first metatarsal neck, great toe, interphalangeal joint (eg, Jones type procedure)
28810	2	Amputation, metatarsal, with toe, single
28820	2	Amputation, toe; metatarsophalangeal joint
28825	2	Amputation, toe; interphalangeal joint
29800	3	Arthroscopy, temporomandibular joint, diagnostic, with or without synovial biopsy (separate procedure)
29804	3	Arthroscopy, temporomandibular joint, surgical
29805	3	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)

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Code	Group	Description
29806	3	Arthroscopy, shoulder, surgical; capsulorrhaphy
29807	3	Arthroscopy, shoulder, surgical; repair of slap lesion
29819	3	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body
29820	3	Arthroscopy, shoulder, surgical; synovectomy, partial
29821	3	Arthroscopy, shoulder, surgical; synovectomy, complete
29822	3	Arthroscopy, shoulder, surgical; debridement, limited
29823	3	Arthroscopy, shoulder, surgical; debridement, extensive
29824	5	Arthroscopy, shoulder, surgical; distal claviclectomy including distal articular surface (Mumford procedure)
29825	3	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation
29826	3	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with or without coracoacromial release
29827	5	Arthroscopy, shoulder, surgical; with rotator cuff repair
29830	3	Arthroscopy, elbow, diagnostic, with or without synovial biopsy (separate procedure)
29834	3	Arthroscopy, elbow, surgical; with removal of loose body or foreign body
29835	3	Arthroscopy, elbow, surgical; synovectomy, partial
29836	3	Arthroscopy, elbow, surgical; synovectomy, complete
29837	3	Arthroscopy, elbow, surgical; debridement, limited
29838	3	Arthroscopy, elbow, surgical; debridement, extensive
29840	3	Arthroscopy, wrist, diagnostic, with or without synovial biopsy (separate procedure)
29843	3	Arthroscopy, wrist, surgical; for infection, lavage and drainage
29844	3	Arthroscopy, wrist, surgical; synovectomy, partial
29845	3	Arthroscopy, wrist, surgical; synovectomy, complete
29846	3	Arthroscopy, wrist, surgical; excision and/or repair of triangular fibrocartilage and/or joint debridement
29847	3	Arthroscopy, wrist, surgical; internal fixation for fracture or instability
29848	9	Endoscopy, wrist, surgical, with release of transverse carpal ligament
29850	4	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without

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Code	Group	Description
		manipulation; without internal or external fixation (includes arthroscopy)
29851	4	Arthroscopically aided treatment of intercondylar spine(s) and/or tuberosity fracture(s) of the knee, with or without manipulation; with internal or external fixation (includes arthroscopy)
29855	4	Arthroscopically aided treatment of tibial fracture, proximal (plateau); unicondylar, with or without internal or external fixation (includes arthroscopy)
29856	4	Arthroscopically aided treatment of tibial fracture, proximal (plateau); bicondylar, with or without internal or external fixation (includes arthroscopy)
29860	4	Arthroscopy, hip, diagnostic with or without synovial biopsy (separate procedure)
29861	4	Arthroscopy, hip, surgical; with removal of loose body or foreign body
29862	9	Arthroscopy, hip, surgical; with debridement/shaving of articular cartilage (chondroplasty), abrasion arthroplasty, and/or resection of labrum
29863	4	Arthroscopy, hip, surgical; with synovectomy
29870	3	Arthroscopy, knee, diagnostic, with or without synovial biopsy (separate procedure)
29871	3	Arthroscopy, knee, surgical; for infection, lavage and drainage
29874	3	Arthroscopy, knee, surgical; for removal of loose body or foreign body (eg, osteochondritis dissecans fragmentation, chondral fragmentation)
29875	4	Arthroscopy, knee, surgical; synovectomy, limited (eg, plica or shelf resection) (separate procedure)
29876	4	Arthroscopy, knee, surgical; synovectomy, major, two or more compartments (eg, medial or lateral)
29877	4	Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty)
29879	3	Arthroscopy, knee, surgical; abrasion arthroplasty (includes chondroplasty where necessary) or multiple drilling or microfracture
29880	4	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving)
29881	4	Arthroscopy, knee, surgical; with meniscectomy (medial OR

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Code	Group	Description
		lateral, including any meniscal shaving)
29882	3	Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)
29883	3	Arthroscopy, knee, surgical; with meniscus repair (medial AND lateral)
29884	3	Arthroscopy, knee, surgical; with lysis of adhesions, with or without manipulation (separate procedure)
29885	3	Arthroscopy, knee, surgical; drilling for osteochondritis dissecans with bone grafting, with or without internal fixation (including debridement of base of lesion)
29886	3	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion
29887	3	Arthroscopy, knee, surgical; drilling for intact osteochondritis dissecans lesion with internal fixation
29888	3	Arthroscopically aided anterior cruciate ligament repair/augmentation or reconstruction
29889	3	Arthroscopically aided posterior cruciate ligament repair/augmentation or reconstruction
29891	3	Arthroscopy, ankle, surgical; excision of osteochondral defect of talus and/or tibia, including drilling of the defect
29892	3	Arthroscopically aided repair of large osteochondritis dissecans lesion, talar dome fracture, or tibial plafond fracture, with or without internal fixation (includes arthroscopy)
29893	9	Endoscopic plantar fasciotomy
29894	3	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with removal of loose body or foreign body
29895	3	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; synovectomy, partial
29897	3	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, limited
29898	3	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; debridement, extensive
29899	3	Arthroscopy, ankle (tibiotalar and fibulotalar joints), surgical; with ankle arthrodesis
29900	3	Arthroscopy, metacarpophalangeal joint, diagnostic, includes synovial biopsy
29901	3	Arthroscopy, metacarpophalangeal joint, surgical; with debridement

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Code	Group	Description
29902	3	Arthroscopy, metacarpophalangeal joint, surgical; with reduction of displaced ulnar collateral ligament (eg, Stenar lesion)
30115	2	Excision, nasal polyp(s), extensive
30117	3	Excision or destruction (eg, laser), intranasal lesion; internal approach
30118	3	Excision or destruction (eg, laser), intranasal lesion; external approach (lateral rhinotomy)
30120	1	Excision or surgical planing of skin of nose for rhinophyma
30125	2	Excision dermoid cyst, nose; complex, under bone or cartilage
30130	3	Excision turbinate, partial or complete, any method
30140	2	Submucous resection turbinate, partial or complete, any method
30150	3	Rhinectomy; partial
30160	4	Rhinectomy; total
30310	1	Removal foreign body, intranasal; requiring general anesthesia
30320	2	Removal foreign body, intranasal; by lateral rhinotomy
30400	4	Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip
30410	5	Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip
30420	5	Rhinoplasty, primary; including major septal repair
30430	3	Rhinoplasty, secondary; minor revision (small amount of nasal tip work)
30435	5	Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)
30450	7	Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)
30460	7	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip only
30462	9	Rhinoplasty for nasal deformity secondary to congenital cleft lip and/or palate, including columellar lengthening; tip, septum, osteotomies
30465	9	Repair of nasal vestibular stenosis (eg, spreader grafting, lateral nasal wall reconstruction)
30520	4	Septoplasty or submucous resection, with or without cartilage scoring, contouring or replacement with graft
30540	5	Repair choanal atresia; intranasal
30545	5	Repair choanal atresia; transpalatine

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Code	Group	Description
30560	2	Lysis intranasal synechia
30580	4	Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)
30600	4	Repair fistula; oronasal
30620	7	Septal or other intranasal dermatoplasty (does not include obtaining graft)
30630	7	Repair nasal septal perforations
30801	1	Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); superficial
30802	1	Cautery and/or ablation, mucosa of turbinates, unilateral or bilateral, any method, (separate procedure); intramural
30903	1	Control nasal hemorrhage, anterior, complex (extensive cautery and/or packing) any method
30905	1	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; initial
30906	1	Control nasal hemorrhage, posterior, with posterior nasal packs and/or cautery, any method; subsequent
30915	2	Ligation arteries; ethmoidal
30920	3	Ligation arteries; internal maxillary artery, transantral
30930	4	Fracture nasal turbinate(s), therapeutic
31020	2	Sinusotomy, maxillary (antrotomy); intranasal
31030	3	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) without removal of antrochoanal polyps
31032	4	Sinusotomy, maxillary (antrotomy); radical (Caldwell-Luc) with removal of antrochoanal polyps
31050	2	Sinusotomy, sphenoid, with or without biopsy;
31051	4	Sinusotomy, sphenoid, with or without biopsy; with mucosal stripping or removal of polyp(s)
31070	2	Sinusotomy frontal; external, simple (trephine operation)
31075	4	Sinusotomy frontal; transorbital, unilateral (for mucocele or osteoma, Lynch type)
31080	4	Sinusotomy frontal; obliterative without osteoplastic flap, brow incision (includes ablation)
31081	4	Sinusotomy frontal; obliterative, without osteoplastic flap, coronal incision (includes ablation)
31084	4	Sinusotomy frontal; obliterative, with osteoplastic flap, brow incision

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Code	Group	Description
31085	4	Sinusotomy frontal; obliterative, with osteoplastic flap, coronal incision
31086	4	Sinusotomy frontal; nonobliterative, with osteoplastic flap, brow incision
31087	4	Sinusotomy frontal; nonobliterative, with osteoplastic flap, coronal incision
31090	5	Sinusotomy, unilateral, three or more paranasal sinuses (frontal, maxillary, ethmoid, sphenoid)
31200	2	Ethmoidectomy; intranasal, anterior
31201	5	Ethmoidectomy; intranasal, total
31205	3	Ethmoidectomy; extranasal, total
31233	2	Nasal/sinus endoscopy, diagnostic with maxillary sinusoscopy (via inferior meatus or canine fossa puncture)
31235	1	Nasal/sinus endoscopy, diagnostic with sphenoid sinusoscopy (via puncture of sphenoidal face or cannulation of ostium)
31237	2	Nasal/sinus endoscopy, surgical; with biopsy, polypectomy or debridement (separate procedure)
31238	1	Nasal/sinus endoscopy, surgical; with control of nasal hemorrhage
31239	4	Nasal/sinus endoscopy, surgical; with dacryocystorhinostomy
31240	2	Nasal/sinus endoscopy, surgical; with concha bullosa resection
31254	3	Nasal/sinus endoscopy, surgical; with ethmoidectomy, partial (anterior)
31255	5	Nasal/sinus endoscopy, surgical; with ethmoidectomy, total (anterior and posterior)
31256	3	Nasal/sinus endoscopy, surgical, with maxillary antrostomy;
31267	3	Nasal/sinus endoscopy, surgical, with maxillary antrostomy; with removal of tissue from maxillary sinus
31276	3	Nasal/sinus endoscopy, surgical with frontal sinus exploration, with or without removal of tissue from frontal sinus
31287	3	Nasal/sinus endoscopy, surgical, with sphenoidotomy;
31288	3	Nasal/sinus endoscopy, surgical, with sphenoidotomy; with removal of tissue from the sphenoid sinus
31300	5	Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy
31320	2	Laryngotomy (thyrotomy, laryngofissure); diagnostic
31400	2	Arytenoidectomy or arytenoidopexy, external approach

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Code	Group	Description
31420	2	Epiglottidectomy
31510	2	Laryngoscopy, indirect; with biopsy
31511	2	Laryngoscopy, indirect; with removal of foreign body
31512	2	Laryngoscopy, indirect; with removal of lesion
31513	2	Laryngoscopy, indirect; with vocal cord injection
31515	1	Laryngoscopy direct, with or without tracheoscopy; for aspiration
31525	1	Laryngoscopy direct, with or without tracheoscopy; diagnostic, except newborn
31526	2	Laryngoscopy direct, with or without tracheoscopy; diagnostic, with operating microscope
31527	1	Laryngoscopy direct, with or without tracheoscopy; with insertion of obturator
31528	2	Laryngoscopy direct, with or without tracheoscopy; with dilation, initial
31529	2	Laryngoscopy direct, with or without tracheoscopy; with dilation, subsequent
31530	2	Laryngoscopy, direct, operative, with foreign body removal;
31531	3	Laryngoscopy, direct, operative, with foreign body removal; with operating microscope
31535	2	Laryngoscopy, direct, operative, with biopsy;
31536	3	Laryngoscopy, direct, operative, with biopsy; with operating microscope
31540	3	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis;
31541	4	Laryngoscopy, direct, operative, with excision of tumor and/or stripping of vocal cords or epiglottis; with operating microscope
31560	5	Laryngoscopy, direct, operative, with arytenoidectomy;
31561	5	Laryngoscopy, direct, operative, with arytenoidectomy; with operating microscope
31570	2	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic;
31571	2	Laryngoscopy, direct, with injection into vocal cord(s), therapeutic; with operating microscope
31576	2	Laryngoscopy, flexible fiberoptic; with biopsy
31577	2	Laryngoscopy, flexible fiberoptic; with removal of foreign body
31578	2	Laryngoscopy, flexible fiberoptic; with removal of lesion

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Code	Group	Description
31580	5	Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal
31582	5	Laryngoplasty; for laryngeal stenosis, with graft or core mold, including tracheotomy
31585	1	Treatment of closed laryngeal fracture; without manipulation
31586	2	Treatment of closed laryngeal fracture; with closed manipulative reduction
31588	5	Laryngoplasty, not otherwise specified (eg, for burns, reconstruction after partial laryngectomy)
31590	5	Laryngeal reinnervation by neuromuscular pedicle
31595	2	Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral
31600	2	Tracheostomy, planned (separate procedure);
31601	3	Tracheostomy, planned (separate procedure); under two years
31611	3	Construction of tracheoesophageal fistula and subsequent insertion of an alaryngeal speech prosthesis (eg, voice button, Blom-Singer prosthesis)
31612	1	Tracheal puncture, percutaneous with transtracheal aspiration and/or injection
31613	2	Tracheostoma revision; simple, without flap rotation
31614	2	Tracheostoma revision; complex, with flap rotation
31615	1	Tracheobronchoscopy through established tracheostomy incision
31622	1	Bronchoscopy (rigid or flexible); diagnostic, with or without cell washing (separate procedure)
31623	2	Bronchoscopy (rigid or flexible); with brushing or protected brushings
31624	2	Bronchoscopy (rigid or flexible); with bronchial alveolar lavage
31625	2	Bronchoscopy (rigid or flexible); with biopsy
31628	2	Bronchoscopy (rigid or flexible); with transbronchial lung biopsy, with or without fluoroscopic guidance
31629	2	Bronchoscopy (rigid or flexible); with transbronchial needle aspiration biopsy
31630	2	Bronchoscopy (rigid or flexible); with tracheal or bronchial dilation or closed reduction of fracture
31631	2	Bronchoscopy (rigid or flexible); with tracheal dilation and placement of tracheal stent
31635	2	Bronchoscopy (rigid or flexible); with removal of foreign body

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Code	Group	Description
31640	2	Bronchoscopy (rigid or flexible); with excision of tumor
31641	2	Bronchoscopy, (rigid or flexible); with destruction of tumor or relief of stenosis by any method other than excision (eg, laser therapy, cryotherapy)
31643	2	Bronchoscopy, (rigid or flexible); with placement of catheter(s) for intracavitary radioelement application
31645	1	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, initial (eg, drainage of lung abscess)
31646	1	Bronchoscopy, (rigid or flexible); with therapeutic aspiration of tracheobronchial tree, subsequent
31656	1	Bronchoscopy, (rigid or flexible); with injection of contrast material for segmental bronchography (fiberscope only)
31700	1	Catheterization, transglottic (separate procedure)
31717	1	Catheterization with bronchial brush biopsy
31720	1	Catheter aspiration (separate procedure); nasotracheal
31730	1	Transtacheal (percutaneous) introduction of needle wire dilator/stent or indwelling tube for oxygen therapy
31750	5	Tracheoplasty; cervical
31755	2	Tracheoplasty; tracheopharyngeal fistulization, each stage
31820	1	Surgical closure tracheostomy or fistula; without plastic repair
31825	2	Surgical closure tracheostomy or fistula; with plastic repair
31830	2	Revision of tracheostomy scar
32000	1	Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent
32400	1	Biopsy, pleura; percutaneous needle
32405	1	Biopsy, lung or mediastinum, percutaneous needle
32420	1	Pneumocentesis, puncture of lung for aspiration
33010	2	Pericardiocentesis; initial
33011	2	Pericardiocentesis; subsequent
33222	2	Revision or relocation of skin pocket for pacemaker
33223	2	Revision of skin pocket for single or dual chamber pacing cardioverter-defibrillator
35188	4	Repair, acquired or traumatic arteriovenous fistula; head and neck
35207	4	Repair blood vessel, direct; hand, finger
35875	9	Thrombectomy of arterial or venous graft (other than hemodialysis graft or fistula);
35876	9	Thrombectomy of arterial or venous graft (other than

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Code	Group	Description
		hemodialysis graft or fistula); with revision of arterial or venous graft
36260	3	Insertion of implantable intra-arterial infusion pump (eg, for chemotherapy of liver)
36261	2	Revision of implanted intra-arterial infusion pump
36262	1	Removal of implanted intra-arterial infusion pump
36488	1	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, age 2 years or under
36489	1	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); percutaneous, over age 2
36490	1	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, age 2 years or under
36491	1	Placement of central venous catheter (subclavian, jugular, or other vein) (eg, for central venous pressure, hyperalimentation, hemodialysis, or chemotherapy); cutdown, over age 2
36530	3	Insertion of implantable intravenous infusion pump
36531	2	Revision of implantable intravenous infusion pump
36532	1	Removal of implantable intravenous infusion pump
36533	3	Insertion of implantable venous access device, with or without subcutaneous reservoir
36534	2	Revision of implantable venous access device, and/or subcutaneous reservoir
36535	1	Removal of implantable venous access device, and/or subcutaneous reservoir
36640	1	Arterial catheterization for prolonged infusion therapy (chemotherapy), cutdown
36800	3	Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein
36810	3	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external (Scribner type)
36815	3	Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure
36819	3	Arteriovenous anastomosis, open; by upper arm basilic vein transposition

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Code	Group	Description
36820	3	Arteriovenous anastomosis, open; by forearm vein transposition
36821	3	Arteriovenous anastomosis, open; direct, any site (eg, Cimino type) (separate procedure)
36825	4	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830	4	Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (eg, biological collagen, thermoplastic graft)
36831	9	Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)
36832	4	Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36833	4	Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)
36835	4	Insertion of Thomas shunt (separate procedure)
36860	2	External cannula declotting (separate procedure); without balloon catheter
36861	3	External cannula declotting (separate procedure); with balloon catheter
36870	9	Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)
37607	3	Ligation or banding of angioaccess arteriovenous fistula
37609	2	Ligation or biopsy, temporal artery
37650	2	Ligation of femoral vein
37700	2	Ligation and division of long saphenous vein at saphenofemoral junction, or distal interruptions
37720	3	Ligation and division and complete stripping of long or short saphenous veins
37730	3	Ligation and division and complete stripping of long and short saphenous veins
37735	3	Ligation and division and complete stripping of long or short saphenous veins with radical excision of ulcer and skin graft and/or interruption of communicating veins of lower leg, with excision of deep fascia
37760	3	Ligation of perforator veins, subfascial, radical (Linton type), with or without skin graft, open

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
37780	3	Ligation and division of short saphenous vein at saphenopopliteal junction (separate procedure)
37785	3	Ligation, division, and/or excision of recurrent or secondary varicose veins (clusters), one leg
37790	3	Penile venous occlusive procedure
38300	1	Drainage of lymph node abscess or lymphadenitis; simple
38305	2	Drainage of lymph node abscess or lymphadenitis; extensive
38308	2	Lymphangiectomy or other operations on lymphatic channels
38500	2	Biopsy or excision of lymph node(s); open, superficial
38505	1	Biopsy or excision of lymph node(s); by needle, superficial (eg, cervical, inguinal, axillary)
38510	2	Biopsy or excision of lymph node(s); open, deep cervical node(s)
38520	2	Biopsy or excision of lymph node(s); open, deep cervical node(s) with excision scalene fat pad
38525	2	Biopsy or excision of lymph node(s); open, deep axillary node(s)
38530	2	Biopsy or excision of lymph node(s); open, internal mammary node(s)
38542	2	Dissection, deep jugular node(s)
38550	3	Excision of cystic hygroma, axillary or cervical; without deep neurovascular dissection
38555	4	Excision of cystic hygroma, axillary or cervical; with deep neurovascular dissection
38570	9	Laparoscopy, surgical; with retroperitoneal lymph node sampling (biopsy), single or multiple
38571	9	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy
38572	9	Laparoscopy, surgical; with bilateral total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy), single or multiple
38740	2	Axillary lymphadenectomy; superficial
38745	4	Axillary lymphadenectomy; complete
38760	2	Inguinofemoral lymphadenectomy, superficial, including Cloquets node (separate procedure)
40500	2	Vermilionectomy (lip shave), with mucosal advancement
40510	2	Excision of lip; transverse wedge excision with primary closure
40520	2	Excision of lip; V-excision with primary direct linear closure

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Code	Group	Description
40525	2	Excision of lip; full thickness, reconstruction with local flap (eg, Estlander or fan)
40527	2	Excision of lip; full thickness, reconstruction with cross lip flap (Abbe-Estlander)
40530	2	Resection of lip, more than one-fourth, without reconstruction
40650	3	Repair lip, full thickness; vermilion only
40652	3	Repair lip, full thickness; up to half vertical height
40654	3	Repair lip, full thickness; over one-half vertical height, or complex
40700	7	Plastic repair of cleft lip/nasal deformity; primary, partial or complete, unilateral
40701	7	Plastic repair of cleft lip/nasal deformity; primary bilateral, one stage procedure
40702	1	Plastic repair of cleft lip/nasal deformity; primary bilateral, one of two stages
40720	7	Plastic repair of cleft lip/nasal deformity; secondary, by recreation of defect and reclosure
40761	3	Plastic repair of cleft lip/nasal deformity; with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle
40801	2	Drainage of abscess, cyst, hematoma, vestibule of mouth; complicated
40805	2	Removal of embedded foreign body, vestibule of mouth; complicated
40806	1	Incision of labial frenum (frenotomy)
40814	2	Excision of lesion of mucosa and submucosa, vestibule of mouth; with complex repair
40816	2	Excision of lesion of mucosa and submucosa, vestibule of mouth; complex, with excision of underlying muscle
40818	1	Excision of mucosa of vestibule of mouth as donor graft
40819	1	Excision of frenum, labial or buccal (frenumectomy, frenulectomy, frenectomy)
40830	1	Closure of laceration, vestibule of mouth; 2.5 cm or less
40831	1	Closure of laceration, vestibule of mouth; over 2.5 cm or complex
40840	2	Vestibuloplasty; anterior
40842	3	Vestibuloplasty; posterior, unilateral
40843	3	Vestibuloplasty; posterior, bilateral

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
40844	5	Vestibuloplasty; entire arch
40845	5	Vestibuloplasty; complex (including ridge extension, muscle repositioning)
41000	1	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; lingual
41005	1	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, superficial
41006	1	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; sublingual, deep, supramylohyoid
41007	1	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submental space
41008	1	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; submandibular space
41009	1	Intraoral incision and drainage of abscess, cyst, or hematoma of tongue or floor of mouth; masticator space
41010	1	Incision of lingual frenum (frenotomy)
41015	1	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; sublingual
41016	1	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submental
41017	1	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; submandibular
41018	1	Extraoral incision and drainage of abscess, cyst, or hematoma of floor of mouth; masticator space
41105	2	Biopsy of tongue; posterior one-third
41108	2	Biopsy of floor of mouth
41110	1	Excision of lesion of tongue without closure
41112	2	Excision of lesion of tongue with closure; anterior two-thirds
41113	2	Excision of lesion of tongue with closure; posterior one-third
41114	2	Excision of lesion of tongue with closure; with local tongue flap
41115	1	Excision of lingual frenum (frenectomy)
41116	1	Excision, lesion of floor of mouth
41120	5	Glossectomy; less than one-half tongue
41250	2	Repair of laceration 2.5 cm or less; floor of mouth and/or anterior two-thirds of tongue
41251	2	Repair of laceration 2.5 cm or less; posterior one-third of tongue
41252	2	Repair of laceration of tongue, floor of mouth, over 2.6 cm or

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Code	Group	Description
		complex
41500	1	Fixation of tongue, mechanical, other than suture (eg, K-wire)
41510	1	Suture of tongue to lip for micrognathia (Douglas type procedure)
41520	2	Frenoplasty (surgical revision of frenum, eg, with Z-plasty)
41800	1	Drainage of abscess, cyst, hematoma from dentoalveolar structures
41805	1	Removal of embedded foreign body from dentoalveolar structures; soft tissues
41806	1	Removal of embedded foreign body from dentoalveolar structures; bone
41820	1	Gingivectomy, excision gingiva, each quadrant
41825	1	Excision of lesion or tumor (except listed above), dentoalveolar structures; without repair
41826	1	Excision of lesion or tumor (except listed above), dentoalveolar structures; with simple repair
41827	2	Excision of lesion or tumor (except listed above), dentoalveolar structures; with complex repair
41830	1	Alveolectomy, including curettage of osteitis or sequestrectomy
41850	1	Destruction of lesion (except excision), dentoalveolar structures
42000	2	Drainage of abscess of palate, uvula
42100	2	Biopsy of palate, uvula
42104	2	Excision, lesion of palate, uvula; without closure
42106	2	Excision, lesion of palate, uvula; with simple primary closure
42107	2	Excision, lesion of palate, uvula; with local flap closure
42120	4	Resection of palate or extensive resection of lesion
42140	2	Uvulectomy, excision of uvula
42145	5	Palatopharyngoplasty (eg, uvulopalatopharyngoplasty, uvulopharyngoplasty)
42160	1	Destruction of lesion, palate or uvula (thermal, cryo or chemical)
42180	1	Repair, laceration of palate; up to 2 cm
42182	2	Repair, laceration of palate; over 2 cm or complex
42200	5	Palatoplasty for cleft palate, soft and/or hard palate only
42205	5	Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only
42210	5	Palatoplasty for cleft palate, with closure of alveolar ridge; with bone graft to alveolar ridge (includes obtaining graft)

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Code	Group	Description
42215	7	Palatoplasty for cleft palate; major revision
42220	5	Palatoplasty for cleft palate; secondary lengthening procedure
42225	5	Palatoplasty for cleft palate; attachment pharyngeal flap
42226	5	Lengthening of palate, and pharyngeal flap
42227	1	Lengthening of palate, with island flap
42235	5	Repair of anterior palate, including vomer flap
42260	4	Repair of nasolabial fistula
42281	3	Insertion of pin-retained palatal prosthesis
42300	1	Drainage of abscess; parotid, simple
42305	2	Drainage of abscess; parotid, complicated
42310	1	Drainage of abscess; submaxillary or sublingual, intraoral
42320	1	Drainage of abscess; submaxillary, external
42325	2	Fistulization of sublingual salivary cyst (ranula);
42326	2	Fistulization of sublingual salivary cyst (ranula); with prosthesis
42330	3	Sialolithotomy; submandibular (submaxillary), sublingual or parotid, uncomplicated, intraoral
42340	2	Sialolithotomy; parotid, extraoral or complicated intraoral
42400	1	Biopsy of salivary gland; needle
42405	2	Biopsy of salivary gland; incisional
42408	3	Excision of sublingual salivary cyst (ranula)
42409	3	Marsupialization of sublingual salivary cyst (ranula)
42410	3	Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection
42415	7	Excision of parotid tumor or parotid gland; lateral lobe, with dissection and preservation of facial nerve
42420	7	Excision of parotid tumor or parotid gland; total, with dissection and preservation of facial nerve
42425	7	Excision of parotid tumor or parotid gland; total, en bloc removal with sacrifice of facial nerve
42440	3	Excision of submandibular (submaxillary) gland
42450	2	Excision of sublingual gland
42500	3	Plastic repair of salivary duct, sialodochoplasty; primary or simple
42505	4	Plastic repair of salivary duct, sialodochoplasty; secondary or complicated
42507	3	Parotid duct diversion, bilateral (Wilke type procedure);
42508	4	Parotid duct diversion, bilateral (Wilke type procedure); with

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Code	Group	Description
		excision of one submandibular gland
42509	4	Parotid duct diversion, bilateral (Wilke type procedure); with excision of both submandibular glands
42510	4	Parotid duct diversion, bilateral (Wilke type procedure); with ligation of both submandibular (Wharton's) ducts
42600	1	Closure salivary fistula
42700	1	Incision and drainage abscess; peritonsillar
42720	1	Incision and drainage abscess; retropharyngeal or parapharyngeal, intraoral approach
42725	2	Incision and drainage abscess; retropharyngeal or parapharyngeal, external approach
42800	1	Biopsy; oropharynx
42802	1	Biopsy; hypopharynx
42804	1	Biopsy; nasopharynx, visible lesion, simple
42806	2	Biopsy; nasopharynx, survey for unknown primary lesion
42808	2	Excision or destruction of lesion of pharynx, any method
42810	3	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues
42815	5	Excision branchial cleft cyst, vestige, or fistula, extending beneath subcutaneous tissues and/or into pharynx
42820	3	Tonsillectomy and adenoidectomy; under age 12
42821	5	Tonsillectomy and adenoidectomy; age 12 or over
42825	4	Tonsillectomy, primary or secondary; under age 12
42826	4	Tonsillectomy, primary or secondary; age 12 or over
42830	4	Adenoidectomy, primary; under age 12
42831	4	Adenoidectomy, primary; age 12 or over
42835	4	Adenoidectomy, secondary; under age 12
42836	4	Adenoidectomy, secondary; age 12 or over
42860	3	Excision of tonsil tags
42870	3	Excision or destruction lingual tonsil, any method (separate procedure)
42890	7	Limited pharyngectomy
42892	7	Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls
42900	1	Suture pharynx for wound or injury
42950	2	Pharyngoplasty (plastic or reconstructive operation on pharynx)
42955	2	Pharyngostomy (fistulization of pharynx, external for feeding)

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
42960	1	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); simple
42962	2	Control oropharyngeal hemorrhage, primary or secondary (eg, post-tonsillectomy); with secondary surgical intervention
42972	3	Control of nasopharyngeal hemorrhage, primary or secondary (eg, postadenoidectomy); with secondary surgical intervention
43200	1	Esophagoscopy, rigid or flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43201	1	Esophagoscopy, rigid or flexible; with directed submucosal injection(s), any substance
43202	1	Esophagoscopy, rigid or flexible; with biopsy, single or multiple
43204	1	Esophagoscopy, rigid or flexible; with injection sclerosis of esophageal varices
43205	1	Esophagoscopy, rigid or flexible; with band ligation of esophageal varices
43215	1	Esophagoscopy, rigid or flexible; with removal of foreign body
43216	1	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43217	1	Esophagoscopy, rigid or flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43219	1	Esophagoscopy, rigid or flexible; with insertion of plastic tube or stent
43220	1	Esophagoscopy, rigid or flexible; with balloon dilation (less than 30 mm diameter)
43226	1	Esophagoscopy, rigid or flexible; with insertion of guide wire followed by dilation over guide wire
43227	2	Esophagoscopy, rigid or flexible; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43228	2	Esophagoscopy, rigid or flexible; with ablation of tumor(s), polyp(s), or other lesion(s), not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43231	2	Esophagoscopy, rigid or flexible; with endoscopic ultrasound examination
43232	2	Esophagoscopy, rigid or flexible; with transendoscopic ultrasound-guided intramural or transmural fine needle

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		aspiration/biopsy(s)
43234	1	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	1	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43236	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed submucosal injection(s), any substance
43239	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with biopsy, single or multiple
43240	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transmural drainage of pseudocyst
43241	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic intraluminal tube or catheter placement
43242	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s)
43243	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with injection sclerosis of esophageal and/or gastric varices
43244	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with band ligation of esophageal and/or gastric varices
43245	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
43246	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with directed placement of percutaneous gastrostomy tube
43247	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with

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Code	Group	Description
		removal of foreign body
43248	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with insertion of guide wire followed by dilation of esophagus over guide wire
43249	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with balloon dilation of esophagus (less than 30 mm diameter)
43250	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43251	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
43255	2	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with control of bleeding, any method
43256	3	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with transendoscopic stent placement (includes predilation)
43258	3	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43259	3	Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with endoscopic ultrasound examination
43260	2	Endoscopic retrograde cholangiopancreatography (ERCP); diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43261	2	Endoscopic retrograde cholangiopancreatography (ERCP); with biopsy, single or multiple
43262	2	Endoscopic retrograde cholangiopancreatography (ERCP); with sphincterotomy/papillotomy
43263	2	Endoscopic retrograde cholangiopancreatography (ERCP); with

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114.3 CMR 47.00 - 79

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		pressure measurement of sphincter of Oddi (pancreatic duct or common bile duct)
43264	2	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of calculus/calculi from biliary and/or pancreatic ducts
43265	2	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde destruction, lithotripsy of calculus/calculi, any method
43267	2	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of nasobiliary or nasopancreatic drainage tube
43268	2	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde insertion of tube or stent into bile or pancreatic duct
43269	2	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde removal of foreign body and/or change of tube or stent
43271	2	Endoscopic retrograde cholangiopancreatography (ERCP); with endoscopic retrograde balloon dilation of ampulla, biliary and/or pancreatic duct(s)
43272	2	Endoscopic retrograde cholangiopancreatography (ERCP); with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
43450	1	Dilation of esophagus, by unguided sound or bougie, single or multiple passes
43453	1	Dilation of esophagus, over guide wire
43456	2	Dilation of esophagus, by balloon or dilator, retrograde
43458	2	Dilation of esophagus with balloon (30 mm diameter or larger) for achalasia
43600	1	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)
43653	9	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (eg, Stamm procedure) (separate procedure)
43750	2	Percutaneous placement of gastrostomy tube
43760	1	Change of gastrostomy tube
43870	1	Closure of gastrostomy, surgical
44100	1	Biopsy of intestine by capsule, tube, peroral (one or more

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		specimens)
44312	1	Revision of ileostomy; simple (release of superficial scar) (separate procedure)
44340	3	Revision of colostomy; simple (release of superficial scar) (separate procedure)
44360	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44361	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with biopsy, single or multiple
44363	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of foreign body
44364	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
44365	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44366	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44369	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
44370	9	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with transendoscopic stent placement (includes predilation)
44372	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with placement of percutaneous jejunostomy tube
44373	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, not including ileum; with conversion of percutaneous gastrostomy tube to percutaneous jejunostomy

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Code	Group	Description
		tube
44376	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44377	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with biopsy, single or multiple
44378	2	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44379	9	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum, including ileum; with transendoscopic stent placement (includes predilation)
44380	1	Ileoscopy, through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44382	1	Ileoscopy, through stoma; with biopsy, single or multiple
44383	9	Ileoscopy, through stoma; with transendoscopic stent placement (includes predilation)
44385	1	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44386	1	Endoscopic evaluation of small intestinal (abdominal or pelvic) pouch; with biopsy, single or multiple
44388	1	Colonoscopy through stoma; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
44389	1	Colonoscopy through stoma; with biopsy, single or multiple
44390	1	Colonoscopy through stoma; with removal of foreign body
44391	1	Colonoscopy through stoma; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
44392	1	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
44393	1	Colonoscopy through stoma; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique

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Code	Group	Description
44394	1	Colonoscopy through stoma; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45000	1	Transrectal drainage of pelvic abscess
45005	2	Incision and drainage of submucosal abscess, rectum
45020	2	Incision and drainage of deep supralelevator, pelvirectal, or retrorectal abscess
45100	1	Biopsy of anorectal wall, anal approach (eg, congenital megacolon)
45108	2	Anorectal myomectomy
45150	2	Division of stricture of rectum
45160	2	Excision of rectal tumor by proctotomy, transsacral or transcoccygeal approach
45170	2	Excision of rectal tumor, transanal approach
45190	9	Destruction of rectal tumor (eg, electrodesiccation, electrosurgery, laser ablation, laser resection, cryosurgery) transanal approach
45305	1	Proctosigmoidoscopy, rigid; with biopsy, single or multiple
45307	1	Proctosigmoidoscopy, rigid; with removal of foreign body
45308	1	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	1	Proctosigmoidoscopy, rigid; with removal of single tumor, polyp, or other lesion by snare technique
45315	1	Proctosigmoidoscopy, rigid; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
45317	1	Proctosigmoidoscopy, rigid; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45320	1	Proctosigmoidoscopy, rigid; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique (eg, laser)
45321	1	Proctosigmoidoscopy, rigid; with decompression of volvulus
45331	1	Sigmoidoscopy, flexible; with biopsy, single or multiple
45332	1	Sigmoidoscopy, flexible; with removal of foreign body
45333	1	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45334	1	Sigmoidoscopy, flexible; with control of bleeding (eg, injection,

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Code	Group	Description
		bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45335	1	Sigmoidoscopy, flexible; with directed submucosal injection(s), any substance
45337	1	Sigmoidoscopy, flexible; with decompression of volvulus, any method
45338	1	Sigmoidoscopy, flexible; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45339	1	Sigmoidoscopy, flexible; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45340	1	Sigmoidoscopy, flexible; with dilation by balloon, 1 or more strictures
45355	1	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	2	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45379	2	Colonoscopy, flexible, proximal to splenic flexure; with removal of foreign body
45380	2	Colonoscopy, flexible, proximal to splenic flexure; with biopsy, single or multiple
45381	2	Colonoscopy, flexible, proximal to splenic flexure; with directed submucosal injection(s), any substance
45382	2	Colonoscopy, flexible, proximal to splenic flexure; with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
45383	2	Colonoscopy, flexible, proximal to splenic flexure; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	2	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45385	2	Colonoscopy, flexible, proximal to splenic flexure; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
45386	2	Colonoscopy, flexible, proximal to splenic flexure; with dilation by balloon, 1 or more strictures

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
45500	2	Proctoplasty; for stenosis
45505	2	Proctoplasty; for prolapse of mucous membrane
45560	2	Repair of rectocele (separate procedure)
45900	1	Reduction of procidentia (separate procedure) under anesthesia
45905	1	Dilation of anal sphincter (separate procedure) under anesthesia other than local
45910	1	Dilation of rectal stricture (separate procedure) under anesthesia other than local
45915	1	Removal of fecal impaction or foreign body (separate procedure) under anesthesia
46020	3	Placement of seton
46030	1	Removal of anal seton, other marker
46040	3	Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure)
46045	2	Incision and drainage of intramural, intramuscular, or submucosal abscess, transanal, under anesthesia
46050	1	Incision and drainage, perianal abscess, superficial
46060	2	Incision and drainage of ischiorectal or intramural abscess, with fistulectomy or fistulotomy, submuscular, with or without placement of seton
46070	5	Incision, anal septum (infant)
46080	3	Sphincterotomy, anal, division of sphincter (separate procedure)
46200	2	Fissurectomy, with or without sphincterotomy
46210	2	Cryptectomy; single
46211	2	Cryptectomy; multiple (separate procedure)
46220	1	Papillectomy or excision of single tag, anus (separate procedure)
46250	3	Hemorrhoidectomy, external, complete
46255	3	Hemorrhoidectomy, internal and external, simple;
46257	3	Hemorrhoidectomy, internal and external, simple; with fissurectomy
46258	3	Hemorrhoidectomy, internal and external, simple; with fistulectomy, with or without fissurectomy
46260	3	Hemorrhoidectomy, internal and external, complex or extensive;
46261	4	Hemorrhoidectomy, internal and external, complex or extensive; with fissurectomy
46262	4	Hemorrhoidectomy, internal and external, complex or extensive; with fistulectomy, with or without fissurectomy

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Code	Group	Description
46270	3	Surgical treatment of anal fistula (fistulectomy/fistulotomy); subcutaneous
46275	3	Surgical treatment of anal fistula (fistulectomy/fistulotomy); submuscular
46280	4	Surgical treatment of anal fistula (fistulectomy/fistulotomy); complex or multiple, with or without placement of seton
46285	1	Surgical treatment of anal fistula (fistulectomy/fistulotomy); second stage
46288	4	Closure of anal fistula with rectal advancement flap
46608	1	Anoscopy; with removal of foreign body
46610	1	Anoscopy; with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
46611	1	Anoscopy; with removal of single tumor, polyp, or other lesion by snare technique
46612	1	Anoscopy; with removal of multiple tumors, polyps, or other lesions by hot biopsy forceps, bipolar cautery or snare technique
46615	2	Anoscopy; with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
46700	3	Anoplasty, plastic operation for stricture; adult
46705	3	Anoplasty, plastic operation for stricture; infant
46750	3	Sphincteroplasty, anal, for incontinence or prolapse; adult
46751	3	Sphincteroplasty, anal, for incontinence or prolapse; child
46753	3	Graft (Thiersch operation) for rectal incontinence and/or prolapse
46754	2	Removal of Thiersch wire or suture, anal canal
46760	2	Sphincteroplasty, anal, for incontinence, adult; muscle transplant
46761	3	Sphincteroplasty, anal, for incontinence, adult; levator muscle imbrication (Park posterior anal repair)
46762	7	Sphincteroplasty, anal, for incontinence, adult; implantation artificial sphincter
46917	1	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
46922	1	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
46924	1	Destruction of lesion(s), anus (eg, condyloma, papilloma,

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Code	Group	Description
		molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
46937	2	Cryosurgery of rectal tumor; benign
46938	2	Cryosurgery of rectal tumor; malignant
47000	1	Biopsy of liver, needle; percutaneous
47510	2	Introduction of percutaneous transhepatic catheter for biliary drainage
47511	9	Introduction of percutaneous transhepatic stent for internal and external biliary drainage
47525	1	Change of percutaneous biliary drainage catheter
47530	1	Revision and/or reinsertion of transhepatic tube
47552	2	Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic, with or without collection of specimen(s) by brushing and/or washing (separate procedure)
47553	3	Biliary endoscopy, percutaneous via T-tube or other tract; with biopsy, single or multiple
47554	3	Biliary endoscopy, percutaneous via T-tube or other tract; with removal of calculus/calculi
47555	3	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) without stent
47556	9	Biliary endoscopy, percutaneous via T-tube or other tract; with dilation of biliary duct stricture(s) with stent
47560	3	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy
47561	3	Laparoscopy, surgical; with guided transhepatic cholangiography with biopsy
47630	3	Biliary duct stone extraction, percutaneous via T-tube tract, basket, or snare (eg, Burhenne technique)
48102	1	Biopsy of pancreas, percutaneous needle
49080	2	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial
49081	2	Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); subsequent
49085	2	Removal of peritoneal foreign body from peritoneal cavity
49180	1	Biopsy, abdominal or retroperitoneal mass, percutaneous needle
49250	4	Umbilectomy, omphalectomy, excision of umbilicus (separate procedure)

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Code	Group	Description
49320	3	Laparoscopy, abdomen, peritoneum, and omentum, diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
49321	4	Laparoscopy, surgical; with biopsy (single or multiple)
49322	4	Laparoscopy, surgical; with aspiration of cavity or cyst (eg, ovarian cyst) (single or multiple)
49420	1	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary
49421	1	Insertion of intraperitoneal cannula or catheter for drainage or dialysis; permanent
49422	1	Removal of permanent intraperitoneal cannula or catheter
49426	2	Revision of peritoneal-venous shunt
49495	4	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; reducible
49496	4	Repair, initial inguinal hernia, full term infant under age 6 months, or preterm infant over 50 weeks postconception age and under age 6 months at the time of surgery, with or without hydrocelectomy; incarcerated or strangulated
49500	4	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; reducible
49501	9	Repair initial inguinal hernia, age 6 months to under 5 years, with or without hydrocelectomy; incarcerated or strangulated
49505	4	Repair initial inguinal hernia, age 5 years or over; reducible
49507	9	Repair initial inguinal hernia, age 5 years or over; incarcerated or strangulated
49520	7	Repair recurrent inguinal hernia, any age; reducible
49521	9	Repair recurrent inguinal hernia, any age; incarcerated or strangulated
49525	4	Repair inguinal hernia, sliding, any age
49540	2	Repair lumbar hernia
49550	5	Repair initial femoral hernia, any age; reducible
49553	9	Repair initial femoral hernia, any age; incarcerated or strangulated
49555	5	Repair recurrent femoral hernia; reducible
49557	9	Repair recurrent femoral hernia; incarcerated or strangulated
49560	4	Repair initial incisional or ventral hernia; reducible

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Code	Group	Description
49561	9	Repair initial incisional or ventral hernia; incarcerated or strangulated
49565	4	Repair recurrent incisional or ventral hernia; reducible
49566	9	Repair recurrent incisional or ventral hernia; incarcerated or strangulated
49568	7	Implantation of mesh or other prosthesis for incisional or ventral hernia repair (List separately in addition to code for the incisional or ventral hernia repair)
49570	4	Repair epigastric hernia (eg, preperitoneal fat); reducible (separate procedure)
49572	9	Repair epigastric hernia (eg, preperitoneal fat); incarcerated or strangulated
49580	4	Repair umbilical hernia, under age 5 years; reducible
49582	9	Repair umbilical hernia, under age 5 years; incarcerated or strangulated
49585	4	Repair umbilical hernia, age 5 years or over; reducible
49587	9	Repair umbilical hernia, age 5 years or over; incarcerated or strangulated
49590	3	Repair spigelian hernia
49600	4	Repair of small omphalocele, with primary closure
49650	4	Laparoscopy, surgical; repair initial inguinal hernia
49651	7	Laparoscopy, surgical; repair recurrent inguinal hernia
50200	1	Renal biopsy; percutaneous, by trocar or needle
50390	1	Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous
50392	1	Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous
50393	1	Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous
50395	1	Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous
50396	1	Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter
50398	1	Change of nephrostomy or pyelostomy tube
50551	1	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;

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Code	Group	Description
50553	1	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50555	1	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50557	1	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50559	1	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance with or without biopsy and/or fulguration
50561	1	Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50590	9	Lithotripsy, extracorporeal shock wave
50688	1	Change of ureterostomy tube
50947	9	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement
50948	9	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement
50951	1	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50953	1	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50955	1	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50957	1	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive

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Code	Group	Description
		of radiologic service; with fulguration and/or incision, with or without biopsy
50959	1	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provis
50961	1	Ureteral endoscopy through established ureterostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
50970	1	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
50972	1	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with ureteral catheterization, with or without dilation of ureter
50974	1	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with biopsy
50976	1	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with fulguration and/or incision, with or without biopsy
50978	1	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with insertion of radioactive substance, with or without biopsy and/or fulguration (not including provision of materi
50980	1	Ureteral endoscopy through ureterotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with removal of foreign body or calculus
51010	1	Aspiration of bladder; with insertion of suprapubic catheter
51020	4	Cystotomy or cystostomy; with fulguration and/or insertion of radioactive material
51030	4	Cystotomy or cystostomy; with cryosurgical destruction of intravesical lesion
51040	4	Cystostomy, cystotomy with drainage
51045	4	Cystotomy, with insertion of ureteral catheter or stent (separate

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Code	Group	Description
		procedure)
51050	4	Cystolithotomy, cystotomy with removal of calculus, without vesical neck resection
51065	4	Cystotomy, with calculus basket extraction and/or ultrasonic or electrohydraulic fragmentation of ureteral calculus
51080	1	Drainage of perivesical or prevesical space abscess
51500	4	Excision of urachal cyst or sinus, with or without umbilical hernia repair
51520	4	Cystotomy; for simple excision of vesical neck (separate procedure)
51710	1	Change of cystostomy tube; complicated
51715	3	Endoscopic injection of implant material into the submucosal tissues of the urethra and/or bladder neck
51726	1	Complex cystometrogram (eg, calibrated electronic equipment)
51772	1	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
51785	1	Needle electromyography studies (EMG) of anal or urethral sphincter, any technique
51880	1	Closure of cystostomy (separate procedure)
52000	1	Cystourethroscopy (separate procedure)
52001	2	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
52005	2	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service;
52007	2	Cystourethroscopy, with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; with brush biopsy of ureter and/or renal pelvis
52010	2	Cystourethroscopy, with ejaculatory duct catheterization, with or without irrigation, instillation, or duct radiography, exclusive of radiologic service
52204	2	Cystourethroscopy, with biopsy
52214	2	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52224	2	Cystourethroscopy, with fulguration (including cryosurgery or

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Code	Group	Description
		laser surgery) or treatment of MINOR (less than 0.5 cm) lesion(s) with or without biopsy
52234	2	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm)
52235	3	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; MEDIUM bladder tumor(s) (2.0 to 5.0 cm)
52240	3	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) and/or resection of; LARGE bladder tumor(s)
52250	4	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration
52260	2	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia
52270	2	Cystourethroscopy, with internal urethrotomy; female
52275	2	Cystourethroscopy, with internal urethrotomy; male
52276	3	Cystourethroscopy with direct vision internal urethrotomy
52277	2	Cystourethroscopy, with resection of external sphincter (sphincterotomy)
52281	2	Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, with or without injection procedure for cystography, male or female
52282	9	Cystourethroscopy, with insertion of urethral stent
52283	2	Cystourethroscopy, with steroid injection into stricture
52285	2	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration
52290	2	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral
52300	2	Cystourethroscopy; with resection or fulguration of orthotopic ureterocele(s), unilateral or bilateral
52305	2	Cystourethroscopy; with incision or resection of orifice of bladder diverticulum, single or multiple
52310	2	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); simple

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Code	Group	Description
52315	2	Cystourethroscopy, with removal of foreign body, calculus, or ureteral stent from urethra or bladder (separate procedure); complicated
52317	1	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; simple or small (less than 2.5 cm)
52318	2	Litholapaxy: crushing or fragmentation of calculus by any means in bladder and removal of fragments; complicated or large (over 2.5 cm)
52320	5	Cystourethroscopy (including ureteral catheterization); with removal of ureteral calculus
52325	4	Cystourethroscopy (including ureteral catheterization); with fragmentation of ureteral calculus (eg, ultrasonic or electro-hydraulic technique)
52327	2	Cystourethroscopy (including ureteral catheterization); with subureteric injection of implant material
52330	2	Cystourethroscopy (including ureteral catheterization); with manipulation, without removal of ureteral calculus
52332	2	Cystourethroscopy, with insertion of indwelling ureteral stent (eg, Gibbons or double-J type)
52334	3	Cystourethroscopy with insertion of ureteral guide wire through kidney to establish a percutaneous nephrostomy, retrograde
52341	3	Cystourethroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52342	3	Cystourethroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52343	3	Cystourethroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52344	3	Cystourethroscopy with ureteroscopy; with treatment of ureteral stricture (eg, balloon dilation, laser, electrocautery, and incision)
52345	3	Cystourethroscopy with ureteroscopy; with treatment of ureteropelvic junction stricture (eg, balloon dilation, laser, electrocautery, and incision)
52346	3	Cystourethroscopy with ureteroscopy; with treatment of intra-renal stricture (eg, balloon dilation, laser, electrocautery, and incision)
52351	3	Cystourethroscopy, with ureteroscopy and/or pyeloscopy;

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Code	Group	Description
		diagnostic
52352	4	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with removal or manipulation of calculus (ureteral catheterization is included)
52353	4	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with lithotripsy (ureteral catheterization is included)
52354	4	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with biopsy and/or fulguration of ureteral or renal pelvic lesion
52355	4	Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with resection of ureteral or renal pelvic tumor
52400	3	Cystourethroscopy with incision, fulguration, or resection of congenital posterior urethral valves, or congenital obstructive hypertrophic mucosal folds
52450	3	Transurethral incision of prostate
52500	3	Transurethral resection of bladder neck (separate procedure)
52510	3	Transurethral balloon dilation of the prostatic urethra
52601	4	Transurethral electrosurgical resection of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52606	1	Transurethral fulguration for postoperative bleeding occurring after the usual follow-up time
52612	2	Transurethral resection of prostate; first stage of two-stage resection (partial resection)
52614	1	Transurethral resection of prostate; second stage of two-stage resection (resection completed)
52620	1	Transurethral resection; of residual obstructive tissue after 90 days postoperative
52630	2	Transurethral resection; of regrowth of obstructive tissue longer than one year postoperative
52640	2	Transurethral resection; of postoperative bladder neck contracture
52647	9	Non-contact laser coagulation of prostate, including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52648	9	Contact laser vaporization with or without transurethral resection of prostate, including control of postoperative bleeding,

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Code	Group	Description
		complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
52700	2	Transurethral drainage of prostatic abscess
53000	1	Urethrotomy or urethrostomy, external (separate procedure); pendulous urethra
53010	1	Urethrotomy or urethrostomy, external (separate procedure); perineal urethra, external
53020	1	Meatotomy, cutting of meatus (separate procedure); except infant
53040	2	Drainage of deep periurethral abscess
53080	3	Drainage of perineal urinary extravasation; uncomplicated (separate procedure)
53200	1	Biopsy of urethra
53210	5	Urethrectomy, total, including cystostomy; female
53215	5	Urethrectomy, total, including cystostomy; male
53220	2	Excision or fulguration of carcinoma of urethra
53230	2	Excision of urethral diverticulum (separate procedure); female
53235	3	Excision of urethral diverticulum (separate procedure); male
53240	2	Marsupialization of urethral diverticulum, male or female
53250	2	Excision of bulbourethral gland (Cowper's gland)
53260	2	Excision or fulguration; urethral polyp(s), distal urethra
53265	2	Excision or fulguration; urethral caruncle
53270	2	Excision or fulguration; Skene's glands
53275	2	Excision or fulguration; urethral prolapse
53400	3	Urethroplasty; first stage, for fistula, diverticulum, or stricture (eg, Johanssen type)
53405	2	Urethroplasty; second stage (formation of urethra), including urinary diversion
53410	2	Urethroplasty, one-stage reconstruction of male anterior urethra
53420	3	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; first stage
53425	2	Urethroplasty, two-stage reconstruction or repair of prostatic or membranous urethra; second stage
53430	2	Urethroplasty, reconstruction of female urethra
53431	2	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (eg, Tenago, Leadbetter procedure)

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Code	Group	Description
53440	2	Sling operation for correction of male urinary incontinence (eg, fascia or synthetic)
53442	1	Removal or revision of sling for male urinary incontinence (eg, fascia or synthetic)
53444	2	Insertion of tandem cuff (dual cuff)
53445	1	Insertion of inflatable urethral/bladder neck sphincter, including placement of pump, reservoir, and cuff
53446	1	Removal of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53447	1	Removal and replacement of inflatable urethral/bladder neck sphincter including pump, reservoir, and cuff at the same operative session
53449	1	Repair of inflatable urethral/bladder neck sphincter, including pump, reservoir, and cuff
53450	1	Urethromeatoplasty, with mucosal advancement
53460	1	Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)
53502	2	Urethrorrhaphy, suture of urethral wound or injury, female
53505	2	Urethrorrhaphy, suture of urethral wound or injury; penile
53510	2	Urethrorrhaphy, suture of urethral wound or injury; perineal
53515	2	Urethrorrhaphy, suture of urethral wound or injury; prostatic membranous
53520	2	Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)
53605	2	Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia
53665	1	Dilation of female urethra, general or conduction (spinal) anesthesia
53850	9	Transurethral destruction of prostate tissue; by microwave thermotherapy
54000	2	Slitting of prepuce, dorsal or lateral (separate procedure); newborn
54001	2	Slitting of prepuce, dorsal or lateral (separate procedure); except newborn
54015	4	Incision and drainage of penis, deep
54057	1	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery

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Code	Group	Description
54060	1	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical excision
54065	1	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54100	1	Biopsy of penis; (separate procedure)
54105	1	Biopsy of penis; deep structures
54110	2	Excision of penile plaque (Peyronie disease);
54111	2	Excision of penile plaque (Peyronie disease); with graft to 5 cm in length
54112	2	Excision of penile plaque (Peyronie disease); with graft greater than 5 cm in length
54115	1	Removal foreign body from deep penile tissue (eg, plastic implant)
54120	2	Amputation of penis; partial
54150	1	Circumcision, using clamp or other device; newborn
54152	1	Circumcision, using clamp or other device; except newborn
54160	2	Circumcision, surgical excision other than clamp, device or dorsal slit; newborn
54161	2	Circumcision, surgical excision other than clamp, device or dorsal slit; except newborn
54162	2	Lysis or excision of penile post-circumcision adhesions
54163	2	Repair incomplete circumcision
54164	2	Frenulotomy of penis
54205	4	Injection procedure for Peyronie disease; with surgical exposure of plaque
54220	1	Irrigation of corpora cavernosa for priapism
54300	3	Plastic operation of penis for straightening of chordee (eg, hypospadias), with or without mobilization of urethra
54304	3	Plastic operation on penis for correction of chordee or for first stage hypospadias repair with or without transplantation of prepuce and/or skin flaps
54308	3	Urethroplasty for second stage hypospadias repair (including urinary diversion); less than 3 cm
54312	3	Urethroplasty for second stage hypospadias repair (including urinary diversion); greater than 3 cm

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Code	Group	Description
54316	3	Urethroplasty for second stage hypospadias repair (including urinary diversion) with free skin graft obtained from site other than genitalia
54318	3	Urethroplasty for third stage hypospadias repair to release penis from scrotum (eg, third stage Cecil repair)
54322	3	One stage distal hypospadias repair (with or without chordee or circumcision); with simple meatal advancement (eg, Magpi, V-flap)
54324	3	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps (eg, flip-flap, prepuceal flap)
54326	3	One stage distal hypospadias repair (with or without chordee or circumcision); with urethroplasty by local skin flaps and mobilization of urethra
54328	3	One stage distal hypospadias repair (with or without chordee or circumcision); with extensive dissection to correct chordee and urethroplasty with local skin flaps, skin graft patch, and/or island flap
54340	3	Repair of hypospadias complications (ie, fistula, stricture, diverticula); by closure, incision, or excision, simple
54344	3	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring mobilization of skin flaps and urethroplasty with flap or patch graft
54348	3	Repair of hypospadias complications (ie, fistula, stricture, diverticula); requiring extensive dissection and urethroplasty with flap, patch or tubed graft (includes urinary diversion)
54352	3	Repair of hypospadias cripple requiring extensive dissection and excision of previously constructed structures including re-release of chordee and reconstruction of urethra and penis by use of local skin as grafts and island flaps and skin brought in as f
54360	3	Plastic operation on penis to correct angulation
54380	3	Plastic operation on penis for epispadias distal to external sphincter;
54385	3	Plastic operation on penis for epispadias distal to external sphincter; with incontinence
54400	3	Insertion of penile prosthesis; non-inflatable (semi-rigid)
54401	3	Insertion of penile prosthesis; inflatable (self-contained)
54405	3	Insertion of multi-component, inflatable penile prosthesis,

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Code	Group	Description
		including placement of pump, cylinders, and reservoir
54406	3	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis
54408	3	Repair of component(s) of a multi-component, inflatable penile prosthesis
54410	3	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis at the same operative session
54415	3	Removal of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis, without replacement of prosthesis
54416	3	Removal and replacement of non-inflatable (semi-rigid) or inflatable (self-contained) penile prosthesis at the same operative session
54420	4	Corpora cavernosa-saphenous vein shunt (priapism operation), unilateral or bilateral
54435	4	Corpora cavernosa-glans penis fistulization (eg, biopsy needle, Winter procedure, rongeur, or punch) for priapism
54440	4	Plastic operation of penis for injury
54450	1	Foreskin manipulation including lysis of preputial adhesions and stretching
54500	1	Biopsy of testis, needle (separate procedure)
54505	1	Biopsy of testis, incisional (separate procedure)
54512	2	Excision of extraparenchymal lesion of testis
54520	3	Orchiectomy, simple (including subcapsular), with or without testicular prosthesis, scrotal or inguinal approach
54522	3	Orchiectomy, partial
54530	4	Orchiectomy, radical, for tumor; inguinal approach
54550	4	Exploration for undescended testis (inguinal or scrotal area)
54600	4	Reduction of torsion of testis, surgical, with or without fixation of contralateral testis
54620	3	Fixation of contralateral testis (separate procedure)
54640	4	Orchiopexy, inguinal approach, with or without hernia repair
54660	2	Insertion of testicular prosthesis (separate procedure)
54670	3	Suture or repair of testicular injury
54680	3	Transplantation of testis(es) to thigh (because of scrotal destruction)
54690	9	Laparoscopy, surgical; orchiectomy

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Code	Group	Description
54700	2	Incision and drainage of epididymis, testis and/or scrotal space (eg, abscess or hematoma)
54800	1	Biopsy of epididymis, needle
54820	1	Exploration of epididymis, with or without biopsy
54830	3	Excision of local lesion of epididymis
54840	4	Excision of spermatocele, with or without epididymectomy
54860	3	Epididymectomy; unilateral
54861	4	Epididymectomy; bilateral
54900	4	Epididymovasostomy, anastomosis of epididymis to vas deferens; unilateral
54901	4	Epididymovasostomy, anastomosis of epididymis to vas deferens; bilateral
55040	3	Excision of hydrocele; unilateral
55041	5	Excision of hydrocele; bilateral
55060	4	Repair of tunica vaginalis hydrocele (Bottle type)
55100	1	Drainage of scrotal wall abscess
55110	2	Scrotal exploration
55120	2	Removal of foreign body in scrotum
55150	1	Resection of scrotum
55175	1	Scrotoplasty; simple
55180	2	Scrotoplasty; complicated
55200	2	Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure)
55250	2	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)
55400	1	Vasovasostomy, vasovasorrhaphy
55500	3	Excision of hydrocele of spermatic cord, unilateral (separate procedure)
55520	4	Excision of lesion of spermatic cord (separate procedure)
55530	4	Excision of varicocele or ligation of spermatic veins for varicocele; (separate procedure)
55535	4	Excision of varicocele or ligation of spermatic veins for varicocele; abdominal approach
55540	5	Excision of varicocele or ligation of spermatic veins for varicocele; with hernia repair
55550	9	Laparoscopy, surgical, with ligation of spermatic veins for varicocele

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Code	Group	Description
55680	1	Excision of Mullerian duct cyst
55700	2	Biopsy, prostate; needle or punch, single or multiple, any approach
55705	2	Biopsy, prostate; incisional, any approach
55720	1	Prostatotomy, external drainage of prostatic abscess, any approach; simple
55725	2	Prostatotomy, external drainage of prostatic abscess, any approach; complicated
55859	9	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without cystoscopy
56405	2	Incision and drainage of vulva or perineal abscess
56440	2	Marsupialization of Bartholin's gland cyst
56441	1	Lysis of labial adhesions
56501	1	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	3	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	1	Biopsy of vulva or perineum (separate procedure); one lesion
56620	5	Vulvectomy simple; partial
56625	7	Vulvectomy simple; complete
56700	1	Partial hymenectomy or revision of hymenal ring
56720	1	Hymenotomy, simple incision
56740	3	Excision of Bartholin's gland or cyst
56800	3	Plastic repair of introitus
56810	5	Perineoplasty, repair of perineum, nonobstetrical (separate procedure)
57000	1	Colpotomy; with exploration
57010	2	Colpotomy; with drainage of pelvic abscess
57020	2	Colpocentesis (separate procedure)
57023	1	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57065	1	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57105	2	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57130	2	Excision of vaginal septum
57135	2	Excision of vaginal cyst or tumor

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Code	Group	Description
57180	1	Introduction of any hemostatic agent or pack for spontaneous or traumatic nonobstetrical vaginal hemorrhage (separate procedure)
57200	1	Colporrhaphy, suture of injury of vagina (nonobstetrical)
57210	2	Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical)
57220	3	Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication)
57230	3	Plastic repair of urethrocele
57240	5	Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele
57250	5	Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy
57260	5	Combined anteroposterior colporrhaphy;
57265	7	Combined anteroposterior colporrhaphy; with enterocele repair
57268	3	Repair of enterocele, vaginal approach (separate procedure)
57284	1	Paravaginal defect repair (including repair of cystocele, stress urinary incontinence, and/or incomplete vaginal prolapse)
57288	1	Sling operation for stress incontinence (eg, fascia or synthetic)
57289	5	Pereyra procedure, including anterior colporrhaphy
57291	5	Construction of artificial vagina; without graft
57300	3	Closure of rectovaginal fistula; vaginal or transanal approach
57400	2	Dilation of vagina under anesthesia
57410	2	Pelvic examination under anesthesia
57415	2	Removal of impacted vaginal foreign body (separate procedure) under anesthesia
57460	1	Colposcopy of the cervix including upper/adjacent vagina; with loop electrode biopsy(s) of the cervix
57513	2	Cautery of cervix; laser ablation
57520	2	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
57522	2	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; loop electrode excision
57530	3	Trachelectomy (cervicectomy), amputation of cervix (separate procedure)
57550	3	Excision of cervical stump, vaginal approach;

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Code	Group	Description
57555	1	Excision of cervical stump, vaginal approach; with anterior and/or posterior repair
57556	5	Excision of cervical stump, vaginal approach; with repair of enterocele
57700	1	Cerclage of uterine cervix, nonobstetrical
57720	3	Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach
57800	1	Dilation of cervical canal, instrumental (separate procedure)
57820	3	Dilation and curettage of cervical stump
58120	2	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58145	5	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 grams or less and/or removal of surface myomas; vaginal approach
58350	3	Chromotubation of oviduct, including materials
58353	4	Endometrial ablation, thermal, without hysteroscopic guidance
58545	9	Laparoscopy, surgical, myomectomy, excision; 1 to 4 intramural myomas with total weight of 250 grams or less and/or removal of surface myomas
58546	9	Laparoscopy, surgical, myomectomy, excision; 5 or more intramural myomas and/or intramural myomas with total weight greater than 250 grams
58550	9	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;
58555	1	Hysteroscopy, diagnostic (separate procedure)
58558	3	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	2	Hysteroscopy, surgical; with lysis of intrauterine adhesions (any method)
58560	3	Hysteroscopy, surgical; with division or resection of intrauterine septum (any method)
58561	3	Hysteroscopy, surgical; with removal of leiomyomata
58562	3	Hysteroscopy, surgical; with removal of impacted foreign body
58563	4	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)
58600	3	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral

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Code	Group	Description
58615	4	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58660	5	Laparoscopy, surgical; with lysis of adhesions (salpingolysis, ovariolysis) (separate procedure)
58661	5	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	5	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	3	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	3	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip, or Falope ring)
58672	5	Laparoscopy, surgical; with fimbrioplasty
58673	5	Laparoscopy, surgical; with salpingostomy (salpingoneostomy)
58770	6	Salpingostomy (salpingoneostomy)
58800	3	Drainage of ovarian cyst(s), unilateral or bilateral, (separate procedure); vaginal approach
58820	3	Drainage of ovarian abscess; vaginal approach, open
58900	3	Biopsy of ovary, unilateral or bilateral (separate procedure)
59160	3	Curettage, postpartum
59300	1	Episiotomy or vaginal repair, by other than attending physician
59320	1	Cerclage of cervix, during pregnancy; vaginal
59812	5	Treatment of incomplete abortion, any trimester, completed surgically
59820	5	Treatment of missed abortion, completed surgically; first trimester
59821	5	Treatment of missed abortion, completed surgically; second trimester
59830	2	Treatment of septic abortion, completed surgically
59840	5	Induced abortion, by dilation and curettage
59841	5	Induced abortion, by dilation and evacuation
59866	5	Multifetal pregnancy reduction(s) (MPR)
59870	5	Uterine evacuation and curettage for hydatidiform mole
59871	5	Removal of cerclage suture under anesthesia (other than local)
60000	1	Incision and drainage of thyroglossal duct cyst, infected
60200	2	Excision of cyst or adenoma of thyroid, or transection of isthmus
60280	4	Excision of thyroglossal duct cyst or sinus;

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Code	Group	Description
60281	4	Excision of thyroglossal duct cyst or sinus; recurrent
61020	1	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; without injection
61026	1	Ventricular puncture through previous burr hole, fontanelle, suture, or implanted ventricular catheter/reservoir; with injection of medication or other substance for diagnosis or treatment
61050	1	Cisternal or lateral cervical (C1-C2) puncture; without injection (separate procedure)
61055	1	Cisternal or lateral cervical (C1-C2) puncture; with injection of medication or other substance for diagnosis or treatment (eg, C1-C2)
61070	1	Puncture of shunt tubing or reservoir for aspiration or injection procedure
61215	3	Insertion of subcutaneous reservoir, pump or continuous infusion system for connection to ventricular catheter
61790	3	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); gasserian ganglion
61791	3	Creation of lesion by stereotactic method, percutaneous, by neurolytic agent (eg, alcohol, thermal, electrical, radiofrequency); trigeminal medullary tract
61885	2	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to a single electrode array
61886	3	Incision and subcutaneous placement of cranial neurostimulator pulse generator or receiver, direct or inductive coupling; with connection to two or more electrode arrays
61888	1	Revision or removal of cranial neurostimulator pulse generator or receiver
62194	1	Replacement or irrigation, subarachnoid/subdural catheter
62225	1	Replacement or irrigation, ventricular catheter
62230	2	Replacement or revision of cerebrospinal fluid shunt, obstructed valve, or distal catheter in shunt system
62263	1	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (eg, catheter) including radiologic localization (includes contrast when administered), multiple adhesiolysis sessions; 2 or more days

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Code	Group	Description
62268	1	Percutaneous aspiration, spinal cord cyst or syrinx
62269	1	Biopsy of spinal cord, percutaneous needle
62270	1	Spinal puncture, lumbar, diagnostic
62272	1	Spinal puncture, therapeutic, for drainage of cerebrospinal fluid (by needle or catheter)
62273	1	Injection, epidural, of blood or clot patch
62280	1	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
62281	1	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
62282	1	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
62287	9	Aspiration or decompression procedure, percutaneous, of nucleus pulposus of intervertebral disk, any method, single or multiple levels, lumbar (eg, manual or automated percutaneous diskectomy, percutaneous laser diskectomy)
62294	3	Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal
62310	1	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, oth
62311	1	Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, oth
62318	1	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic,
62319	1	Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of

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Code	Group	Description
		diagnostic or therapeutic substance(s) (including anesthetic,
62350	2	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
62355	2	Removal of previously implanted intrathecal or epidural catheter
62360	2	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
62361	2	Implantation or replacement of device for intrathecal or epidural drug infusion; non-programmable pump
62362	2	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
62365	2	Removal of subcutaneous reservoir or pump, previously implanted for intrathecal or epidural infusion
63600	2	Creation of lesion of spinal cord by stereotactic method, percutaneous, any modality (including stimulation and/or recording)
63610	1	Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery
63650	2	Percutaneous implantation of neurostimulator electrode array, epidural
63660	1	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
63685	2	Incision and subcutaneous placement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
63688	1	Revision or removal of implanted spinal neurostimulator pulse generator or receiver
63744	3	Replacement, irrigation or revision of lumbosubarachnoid shunt
63746	2	Removal of entire lumbosubarachnoid shunt system without replacement
64410	1	Injection, anesthetic agent; phrenic nerve
64415	1	Injection, anesthetic agent; brachial plexus, single
64417	1	Injection, anesthetic agent; axillary nerve
64420	1	Injection, anesthetic agent; intercostal nerve, single
64421	1	Injection, anesthetic agent; intercostal nerves, multiple, regional block

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Code	Group	Description
64430	1	Injection, anesthetic agent; pudendal nerve
64470	1	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	1	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64475	1	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476	1	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64479	1	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, single level
64480	1	Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64483	1	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
64484	1	Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64510	1	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
64520	1	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
64530	1	Injection, anesthetic agent; celiac plexus, with or without radiologic monitoring
64553	1	Percutaneous implantation of neurostimulator electrodes; cranial nerve
64573	1	Incision for implantation of neurostimulator electrodes; cranial nerve
64575	1	Incision for implantation of neurostimulator electrodes; peripheral nerve (excludes sacral nerve)
64577	1	Incision for implantation of neurostimulator electrodes; autonomic nerve
64580	1	Incision for implantation of neurostimulator electrodes; neuromuscular
64585	1	Revision or removal of peripheral neurostimulator electrodes

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Code	Group	Description
64590	2	Incision and subcutaneous placement of peripheral neurostimulator pulse generator or receiver, direct or inductive coupling
64595	1	Revision or removal of peripheral neurostimulator pulse generator or receiver
64600	1	Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch
64605	1	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale
64610	1	Destruction by neurolytic agent, trigeminal nerve; second and third division branches at foramen ovale under radiologic monitoring
64620	1	Destruction by neurolytic agent, intercostal nerve
64622	1	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, single level
64623	1	Destruction by neurolytic agent, paravertebral facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
64626	1	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level
64627	1	Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64630	2	Destruction by neurolytic agent; pudendal nerve
64680	2	Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring
64702	1	Neuroplasty; digital, one or both, same digit
64704	1	Neuroplasty; nerve of hand or foot
64708	2	Neuroplasty, major peripheral nerve, arm or leg; other than specified
64712	2	Neuroplasty, major peripheral nerve, arm or leg; sciatic nerve
64713	2	Neuroplasty, major peripheral nerve, arm or leg; brachial plexus
64714	2	Neuroplasty, major peripheral nerve, arm or leg; lumbar plexus
64716	3	Neuroplasty and/or transposition; cranial nerve (specify)
64718	2	Neuroplasty and/or transposition; ulnar nerve at elbow
64719	2	Neuroplasty and/or transposition; ulnar nerve at wrist
64721	2	Neuroplasty and/or transposition; median nerve at carpal tunnel

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Code	Group	Description
64722	1	Decompression; unspecified nerve(s) (specify)
64726	1	Decompression; plantar digital nerve
64727	1	Internal neurolysis, requiring use of operating microscope (List separately in addition to code for neuroplasty) (Neuroplasty includes external neurolysis)
64732	2	Transection or avulsion of; supraorbital nerve
64734	2	Transection or avulsion of; infraorbital nerve
64736	2	Transection or avulsion of; mental nerve
64738	2	Transection or avulsion of; inferior alveolar nerve by osteotomy
64740	2	Transection or avulsion of; lingual nerve
64742	2	Transection or avulsion of; facial nerve, differential or complete
64744	2	Transection or avulsion of; greater occipital nerve
64746	2	Transection or avulsion of; phrenic nerve
64771	2	Transection or avulsion of other cranial nerve, extradural
64772	2	Transection or avulsion of other spinal nerve, extradural
64774	2	Excision of neuroma; cutaneous nerve, surgically identifiable
64776	3	Excision of neuroma; digital nerve, one or both, same digit
64778	2	Excision of neuroma; digital nerve, each additional digit (List separately in addition to code for primary procedure)
64782	3	Excision of neuroma; hand or foot, except digital nerve
64783	2	Excision of neuroma; hand or foot, each additional nerve, except same digit (List separately in addition to code for primary procedure)
64784	3	Excision of neuroma; major peripheral nerve, except sciatic
64786	3	Excision of neuroma; sciatic nerve
64787	2	Implantation of nerve end into bone or muscle (List separately in addition to neuroma excision)
64788	3	Excision of neurofibroma or neurolemmoma; cutaneous nerve
64790	3	Excision of neurofibroma or neurolemmoma; major peripheral nerve
64792	3	Excision of neurofibroma or neurolemmoma; extensive (including malignant type)
64795	2	Biopsy of nerve
64802	2	Sympathectomy, cervical
64821	4	Sympathectomy; radial artery
64831	4	Suture of digital nerve, hand or foot; one nerve
64832	1	Suture of digital nerve, hand or foot; each additional digital nerve

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114.3 CMR 47.00 - 111

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		(List separately in addition to code for primary procedure)
64834	2	Suture of one nerve, hand or foot; common sensory nerve
64835	3	Suture of one nerve, hand or foot; median motor thenar
64836	3	Suture of one nerve, hand or foot; ulnar motor
64837	1	Suture of each additional nerve, hand or foot (List separately in addition to code for primary procedure)
64840	2	Suture of posterior tibial nerve
64856	2	Suture of major peripheral nerve, arm or leg, except sciatic; including transposition
64857	2	Suture of major peripheral nerve, arm or leg, except sciatic; without transposition
64858	2	Suture of sciatic nerve
64859	1	Suture of each additional major peripheral nerve (List separately in addition to code for primary procedure)
64861	3	Suture of; brachial plexus
64862	3	Suture of; lumbar plexus
64864	3	Suture of facial nerve; extracranial
64865	4	Suture of facial nerve; infratemporal, with or without grafting
64870	4	Anastomosis; facial-phrenic
64872	2	Suture of nerve; requiring secondary or delayed suture (List separately in addition to code for primary neurorrhaphy)
64874	3	Suture of nerve; requiring extensive mobilization, or transposition of nerve (List separately in addition to code for nerve suture)
64876	3	Suture of nerve; requiring shortening of bone of extremity (List separately in addition to code for nerve suture)
64885	2	Nerve graft (includes obtaining graft), head or neck; up to 4 cm in length
64886	2	Nerve graft (includes obtaining graft), head or neck; more than 4 cm length
64890	2	Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length
64891	2	Nerve graft (includes obtaining graft), single strand, hand or foot; more than 4 cm length
64892	2	Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length
64893	2	Nerve graft (includes obtaining graft), single strand, arm or leg;

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		more than 4 cm length
64895	3	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length
64896	3	Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; more than 4 cm length
64897	3	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length
64898	3	Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; more than 4 cm length
64901	2	Nerve graft, each additional nerve; single strand (List separately in addition to code for primary procedure)
64902	2	Nerve graft, each additional nerve; multiple strands (cable) (List separately in addition to code for primary procedure)
64905	2	Nerve pedicle transfer; first stage
64907	1	Nerve pedicle transfer; second stage
65091	3	Evisceration of ocular contents; without implant
65093	3	Evisceration of ocular contents; with implant
65101	3	Enucleation of eye; without implant
65103	3	Enucleation of eye; with implant, muscles not attached to implant
65105	4	Enucleation of eye; with implant, muscles attached to implant
65110	5	Exenteration of orbit (does not include skin graft), removal of orbital contents; only
65112	7	Exenteration of orbit (does not include skin graft), removal of orbital contents; with therapeutic removal of bone
65114	7	Exenteration of orbit (does not include skin graft), removal of orbital contents; with muscle or myocutaneous flap
65130	3	Insertion of ocular implant secondary; after evisceration, in scleral shell
65135	2	Insertion of ocular implant secondary; after enucleation, muscles not attached to implant
65140	3	Insertion of ocular implant secondary; after enucleation, muscles attached to implant
65150	2	Reinsertion of ocular implant; with or without conjunctival graft
65155	3	Reinsertion of ocular implant; with use of foreign material for reinforcement and/or attachment of muscles to implant
65175	1	Removal of ocular implant

(Effective 8/15/2003)

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
65235	2	Removal of foreign body, intraocular; from anterior chamber of eye or lens
65260	3	Removal of foreign body, intraocular; from posterior segment, magnetic extraction, anterior or posterior route
65265	4	Removal of foreign body, intraocular; from posterior segment, nonmagnetic extraction
65270	2	Repair of laceration; conjunctiva, with or without nonperforating laceration sclera, direct closure
65272	2	Repair of laceration; conjunctiva, by mobilization and rearrangement, without hospitalization
65275	4	Repair of laceration; cornea, nonperforating, with or without removal foreign body
65280	4	Repair of laceration; cornea and/or sclera, perforating, not involving uveal tissue
65285	4	Repair of laceration; cornea and/or sclera, perforating, with reposition or resection of uveal tissue
65290	3	Repair of wound, extraocular muscle, tendon and/or Tenon's capsule
65400	1	Excision of lesion, cornea (keratectomy, lamellar, partial), except pterygium
65410	2	Biopsy of cornea
65420	2	Excision or transposition of pterygium; without graft
65426	5	Excision or transposition of pterygium; with graft
65710	7	Keratoplasty (corneal transplant); lamellar
65730	7	Keratoplasty (corneal transplant); penetrating (except in aphakia)
65750	7	Keratoplasty (corneal transplant); penetrating (in aphakia)
65755	7	Keratoplasty (corneal transplant); penetrating (in pseudophakia)
65770	7	Keratoprosthesis
65772	4	Corneal relaxing incision for correction of surgically induced astigmatism
65775	4	Corneal wedge resection for correction of surgically induced astigmatism
65800	1	Paracentesis of anterior chamber of eye (separate procedure); with diagnostic aspiration of aqueous
65805	1	Paracentesis of anterior chamber of eye (separate procedure); with therapeutic release of aqueous

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114.3 CMR 47.00 - 114

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
65810	3	Paracentesis of anterior chamber of eye (separate procedure); with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection
65815	2	Paracentesis of anterior chamber of eye (separate procedure); with removal of blood, with or without irrigation and/or air injection
65850	4	Trabeculotomy ab externo
65865	1	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); goniosynechia
65870	4	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); anterior synechia, except goniosynechia
65875	4	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); posterior synechia
65880	4	Severing adhesions of anterior segment of eye, incisional technique (with or without injection of air or liquid) (separate procedure); corneovitreous adhesions
65900	5	Removal of epithelial downgrowth, anterior chamber of eye
65920	7	Removal of implanted material, anterior segment of eye
65930	5	Removal of blood clot, anterior segment of eye
66020	1	Injection, anterior chamber of eye (separate procedure); air or liquid
66030	1	Injection, anterior chamber of eye (separate procedure); medication
66130	7	Excision of lesion, sclera
66150	4	Fistulization of sclera for glaucoma; trephination with iridectomy
66155	4	Fistulization of sclera for glaucoma; thermocauterization with iridectomy
66160	2	Fistulization of sclera for glaucoma; sclerectomy with punch or scissors, with iridectomy
66165	4	Fistulization of sclera for glaucoma; iridencleisis or iridotaxis
66170	4	Fistulization of sclera for glaucoma; trabeculectomy ab externo in absence of previous surgery
66172	4	Fistulization of sclera for glaucoma; trabeculectomy ab externo with scarring from previous ocular surgery or trauma (includes injection of antifibrotic agents)

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114.3 CMR 47.00 - 115

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
66180	5	Aqueous shunt to extraocular reservoir (eg, Molteno, Schocket, Denver-Krupin)
66185	2	Revision of aqueous shunt to extraocular reservoir
66220	3	Repair of scleral staphyloma; without graft
66225	4	Repair of scleral staphyloma; with graft
66250	2	Revision or repair of operative wound of anterior segment, any type, early or late, major or minor procedure
66500	1	Iridotomy by stab incision (separate procedure); except transfixion
66505	1	Iridotomy by stab incision (separate procedure); with transfixion as for iris bombe
66600	3	Iridectomy, with corneoscleral or corneal section; for removal of lesion
66605	3	Iridectomy, with corneoscleral or corneal section; with cyclectomy
66625	3	Iridectomy, with corneoscleral or corneal section; peripheral for glaucoma (separate procedure)
66630	3	Iridectomy, with corneoscleral or corneal section; sector for glaucoma (separate procedure)
66635	3	Iridectomy, with corneoscleral or corneal section; optical (separate procedure)
66680	3	Repair of iris, ciliary body (as for iridodialysis)
66682	2	Suture of iris, ciliary body (separate procedure) with retrieval of suture through small incision (eg, McCannel suture)
66700	2	Ciliary body destruction; diathermy
66710	2	Ciliary body destruction; cyclophotocoagulation
66720	2	Ciliary body destruction; cryotherapy
66740	2	Ciliary body destruction; cyclodialysis
66821	2	Discission of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid); laser surgery (eg, YAG laser) (one or more stages)
66825	4	Repositioning of intraocular lens prosthesis, requiring an incision (separate procedure)
66830	4	Removal of secondary membranous cataract (opacified posterior lens capsule and/or anterior hyaloid) with corneo-scleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)

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114.3 CMR 47.00 - 116

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
66840	4	Removal of lens material; aspiration technique, one or more stages
66850	7	Removal of lens material; phacofragmentation technique (mechanical or ultrasonic) (eg, phacoemulsification), with aspiration
66852	4	Removal of lens material; pars plana approach, with or without vitrectomy
66920	4	Removal of lens material; intracapsular
66930	5	Removal of lens material; intracapsular, for dislocated lens
66940	5	Removal of lens material; extracapsular (other than 66840, 66850, 66852)
66982	8	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routi
66983	8	Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)
66984	8	Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification)
66985	6	Insertion of intraocular lens prosthesis (secondary implant), not associated with concurrent cataract removal
66986	6	Exchange of intraocular lens
67005	4	Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal
67010	4	Removal of vitreous, anterior approach (open sky technique or limbal incision); subtotal removal with mechanical vitrectomy
67015	1	Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy)
67025	1	Injection of vitreous substitute, pars plana or limbal approach, (fluid-gas exchange), with or without aspiration (separate procedure)
67027	4	Implantation of intravitreal drug delivery system (eg, ganciclovir implant), includes concomitant removal of vitreous
67030	1	Discission of vitreous strands (without removal), pars plana approach
67031	2	Severing of vitreous strands, vitreous face adhesions, sheets, membranes or opacities, laser surgery (one or more stages)

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114.3 CMR 47.00 - 117

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
67036	4	Vitrectomy, mechanical, pars plana approach;
67038	5	Vitrectomy, mechanical, pars plana approach; with epiretinal membrane stripping
67039	7	Vitrectomy, mechanical, pars plana approach; with focal endolaser photocoagulation
67040	7	Vitrectomy, mechanical, pars plana approach; with endolaser panretinal photocoagulation
67107	5	Repair of retinal detachment; scleral buckling (such as lamellar scleral dissection, imbrication or encircling procedure), with or without implant, with or without cryotherapy, photocoagulation, and drainage of subretinal fluid
67108	7	Repair of retinal detachment; with vitrectomy, any method, with or without air or gas tamponade, focal endolaser photocoagulation, cryotherapy, drainage of subretinal fluid, scleral buckling, and/or removal of lens by same technique
67112	7	Repair of retinal detachment; by scleral buckling or vitrectomy, on patient having previous ipsilateral retinal detachment repair(s) using scleral buckling or vitrectomy techniques
67115	2	Release of encircling material (posterior segment)
67120	2	Removal of implanted material, posterior segment; extraocular
67121	2	Removal of implanted material, posterior segment; intraocular
67141	2	Prophylaxis of retinal detachment (eg, retinal break, lattice degeneration) without drainage, one or more sessions; cryotherapy, diathermy
67218	5	Destruction of localized lesion of retina (eg, macular edema, tumors), one or more sessions; radiation by implantation of source (includes removal of source)
67227	1	Destruction of extensive or progressive retinopathy (eg, diabetic retinopathy), one or more sessions; cryotherapy, diathermy
67250	3	Scleral reinforcement (separate procedure); without graft
67255	3	Scleral reinforcement (separate procedure); with graft
67311	3	Strabismus surgery, recession or resection procedure; one horizontal muscle
67312	4	Strabismus surgery, recession or resection procedure; two horizontal muscles
67314	4	Strabismus surgery, recession or resection procedure; one vertical muscle (excluding superior oblique)
67316	4	Strabismus surgery, recession or resection procedure; two or

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		more vertical muscles (excluding superior oblique)
67318	4	Strabismus surgery, any procedure, superior oblique muscle
67320	4	Transposition procedure (eg, for paretic extraocular muscle), any extraocular muscle (specify) (List separately in addition to code for primary procedure)
67331	4	Strabismus surgery on patient with previous eye surgery or injury that did not involve the extraocular muscles (List separately in addition to code for primary procedure)
67332	4	Strabismus surgery on patient with scarring of extraocular muscles (eg, prior ocular injury, strabismus or retinal detachment surgery) or restrictive myopathy (eg, dysthyroid ophthalmopathy) (List separately in addition to code for primary procedure)
67334	4	Strabismus surgery by posterior fixation suture technique, with or without muscle recession (List separately in addition to code for primary procedure)
67335	4	Placement of adjustable suture(s) during strabismus surgery, including postoperative adjustment(s) of suture(s) (List separately in addition to code for specific strabismus surgery)
67340	4	Strabismus surgery involving exploration and/or repair of detached extraocular muscle(s) (List separately in addition to code for primary procedure)
67350	1	Biopsy of extraocular muscle
67400	3	Orbitotomy without bone flap (frontal or transconjunctival approach); for exploration, with or without biopsy
67405	4	Orbitotomy without bone flap (frontal or transconjunctival approach); with drainage only
67412	5	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of lesion
67413	5	Orbitotomy without bone flap (frontal or transconjunctival approach); with removal of foreign body
67415	1	Fine needle aspiration of orbital contents
67420	5	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of lesion
67430	5	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with removal of foreign body
67440	5	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); with drainage

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114.3 CMR 47.00 - 119

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
67450	5	Orbitotomy with bone flap or window, lateral approach (eg, Kroenlein); for exploration, with or without biopsy
67550	4	Orbital implant (implant outside muscle cone); insertion
67560	2	Orbital implant (implant outside muscle cone); removal or revision
67715	1	Canthotomy (separate procedure)
67808	2	Excision of chalazion; under general anesthesia and/or requiring hospitalization, single or multiple
67830	2	Correction of trichiasis; incision of lid margin
67835	2	Correction of trichiasis; incision of lid margin, with free mucous membrane graft
67880	3	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy;
67882	3	Construction of intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; with transposition of tarsal plate
67900	4	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
67901	5	Repair of blepharoptosis; frontalis muscle technique with suture or other material
67902	5	Repair of blepharoptosis; frontalis muscle technique with fascial sling (includes obtaining fascia)
67903	4	Repair of blepharoptosis; (tarso) levator resection or advancement, internal approach
67904	4	Repair of blepharoptosis; (tarso) levator resection or advancement, external approach
67906	5	Repair of blepharoptosis; superior rectus technique with fascial sling (includes obtaining fascia)
67908	4	Repair of blepharoptosis; conjunctivo-tarso-Muller's muscle-levator resection (eg, Fasanella-Servat type)
67909	4	Reduction of overcorrection of ptosis
67911	3	Correction of lid retraction
67914	3	Repair of ectropion; suture
67916	4	Repair of ectropion; blepharoplasty, excision tarsal wedge
67917	4	Repair of ectropion; blepharoplasty, extensive (eg, Kuhnt-Szymanowski or tarsal strip operations)
67921	3	Repair of entropion; suture
67923	4	Repair of entropion; blepharoplasty, excision tarsal wedge

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114.3 CMR 47.00 - 120

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
67924	4	Repair of entropion; blepharoplasty, extensive (eg, Wheeler operation)
67935	2	Suture of recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva direct closure; full thickness
67950	2	Canthoplasty (reconstruction of canthus)
67961	3	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin
67966	3	Excision and repair of eyelid, involving lid margin, tarsus, conjunctiva, canthus, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; over one-fourth of lid margin
67971	3	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage
67973	3	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, lower, one stage or first stage
67974	3	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; total eyelid, upper, one stage or first stage
67975	3	Reconstruction of eyelid, full thickness by transfer of tarsoconjunctival flap from opposing eyelid; second stage
68115	2	Excision of lesion, conjunctiva; over 1 cm
68130	2	Excision of lesion, conjunctiva; with adjacent sclera
68320	4	Conjunctivoplasty; with conjunctival graft or extensive rearrangement
68325	4	Conjunctivoplasty; with buccal mucous membrane graft (includes obtaining graft)
68326	4	Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement
68328	4	Conjunctivoplasty, reconstruction cul-de-sac; with buccal mucous membrane graft (includes obtaining graft)
68330	4	Repair of symblepharon; conjunctivoplasty, without graft
68335	4	Repair of symblepharon; with free graft conjunctiva or buccal mucous membrane (includes obtaining graft)
68340	4	Repair of symblepharon; division of symblepharon, with or

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
		without insertion of conformer or contact lens
68360	2	Conjunctival flap; bridge or partial (separate procedure)
68362	2	Conjunctival flap; total (such as Gunderson thin flap or purse string flap)
68500	3	Excision of lacrimal gland (dacryoadenectomy), except for tumor; total
68505	3	Excision of lacrimal gland (dacryoadenectomy), except for tumor; partial
68510	1	Biopsy of lacrimal gland
68520	3	Excision of lacrimal sac (dacryocystectomy)
68525	1	Biopsy of lacrimal sac
68540	3	Excision of lacrimal gland tumor; frontal approach
68550	3	Excision of lacrimal gland tumor; involving osteotomy
68700	2	Plastic repair of canaliculi
68720	4	Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity)
68745	4	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); without tube
68750	4	Conjunctivorhinostomy (fistulization of conjunctiva to nasal cavity); with insertion of tube or stent
68770	4	Closure of lacrimal fistula (separate procedure)
68810	1	Probing of nasolacrimal duct, with or without irrigation;
68811	2	Probing of nasolacrimal duct, with or without irrigation; requiring general anesthesia
68815	2	Probing of nasolacrimal duct, with or without irrigation; with insertion of tube or stent
69110	1	Excision external ear; partial, simple repair
69120	2	Excision external ear; complete amputation
69140	2	Excision exostosis(es), external auditory canal
69145	2	Excision soft tissue lesion, external auditory canal
69150	3	Radical excision external auditory canal lesion; without neck dissection
69205	1	Removal foreign body from external auditory canal; with general anesthesia
69300	3	Otoplasty, protruding ear, with or without size reduction
69310	3	Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to injury, infection) (separate procedure)

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114.3 CMR 47.00 - 122

114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
69320	7	Reconstruction external auditory canal for congenital atresia, single stage
69421	3	Myringotomy including aspiration and/or eustachian tube inflation requiring general anesthesia
69424	1	Ventilating tube removal requiring general anesthesia
69436	3	Tympanostomy (requiring insertion of ventilating tube), general anesthesia
69440	3	Middle ear exploration through postauricular or ear canal incision
69450	1	Tympanolysis, transcanal
69501	7	Transmastoid antrotomy (simple mastoidectomy)
69502	7	Mastoidectomy; complete
69505	7	Mastoidectomy; modified radical
69511	7	Mastoidectomy; radical
69530	7	Petrous apicectomy including radical mastoidectomy
69550	5	Excision aural glomus tumor; transcanal
69552	7	Excision aural glomus tumor; transmastoid
69601	7	Revision mastoidectomy; resulting in complete mastoidectomy
69602	7	Revision mastoidectomy; resulting in modified radical mastoidectomy
69603	7	Revision mastoidectomy; resulting in radical mastoidectomy
69604	7	Revision mastoidectomy; resulting in tympanoplasty
69605	7	Revision mastoidectomy; with apicectomy
69620	2	Myringoplasty (surgery confined to drumhead and donor area)
69631	5	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; without ossicular chain reconstruction
69632	5	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction (eg, postfenestration)
69633	5	Tympanoplasty without mastoidectomy (including canalplasty, atticotomy and/or middle ear surgery), initial or revision; with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total ossicular repl
69635	7	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); without ossicular chain reconstruction

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114.3 CMR DIVISION OF HEALTH CARE FINANCE AND POLICY

Code	Group	Description
69636	7	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction
69637	7	Tympanoplasty with antrotomy or mastoidotomy (including canalplasty, atticotomy, middle ear surgery, and/or tympanic membrane repair); with ossicular chain reconstruction and synthetic prosthesis (eg, partial ossicular replacement prosthesis (PORP), total
69641	7	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); without ossicular chain reconstruction
69642	7	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with ossicular chain reconstruction
69643	7	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed wall, without ossicular chain reconstruction
69644	7	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); with intact or reconstructed canal wall, with ossicular chain reconstruction
69645	7	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, without ossicular chain reconstruction
69646	7	Tympanoplasty with mastoidectomy (including canalplasty, middle ear surgery, tympanic membrane repair); radical or complete, with ossicular chain reconstruction
69650	7	Stapes mobilization
69660	5	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material;
69661	5	Stapedectomy or stapedotomy with reestablishment of ossicular continuity, with or without use of foreign material; with footplate drill out
69662	5	Revision of stapedectomy or stapedotomy
69666	4	Repair oval window fistula
69667	4	Repair round window fistula
69670	3	Mastoid obliteration (separate procedure)
69676	3	Tympanic neurectomy
69700	3	Closure postauricular fistula, mastoid (separate procedure)

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Code	Group	Description
69711	1	Removal or repair of electromagnetic bone conduction hearing device in temporal bone
69714	9	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69715	9	Implantation, osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69717	9	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; without mastoidectomy
69718	9	Replacement (including removal of existing device), osseointegrated implant, temporal bone, with percutaneous attachment to external speech processor/cochlear stimulator; with mastoidectomy
69720	5	Decompression facial nerve, intratemporal; lateral to geniculate ganglion
69725	5	Decompression facial nerve, intratemporal; including medial to geniculate ganglion
69740	5	Suture facial nerve, intratemporal, with or without graft or decompression; lateral to geniculate ganglion
69745	5	Suture facial nerve, intratemporal, with or without graft or decompression; including medial to geniculate ganglion
69801	5	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); transcanal
69802	7	Labyrinthotomy, with or without cryosurgery including other nonexcisional destructive procedures or perfusion of vestibuloactive drugs (single or multiple perfusions); with mastoidectomy
69805	7	Endolymphatic sac operation; without shunt
69806	7	Endolymphatic sac operation; with shunt
69820	5	Fenestration semicircular canal
69840	5	Revision fenestration operation
69905	7	Labyrinthectomy; transcanal
69910	7	Labyrinthectomy; with mastoidectomy
69915	7	Vestibular nerve section, translabyrinthine approach

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Code	Group	Description
69930	7	Cochlear device implantation, with or without mastoidectomy

(b) Dental Services

Code	Group	Description
D4210	2	Gingivectomy or gingivoplasty - four or more contiguous teeth or bounded teeth spaces, per quadrant (once per quadrant per 3-year period)
D4341	2	Peridontal scaling and root planning- four or more contiguous teeth or bounded teeth spaces per quadrant (includes curettage) (once per quadrant per 3-year period)
D7110	2	Extraction -- single tooth
D7120	2	Extraction -- each additional tooth
D7210	1	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth
D7220	1	Removal of impacted tooth-soft tissue
D7230	1	Removal of impacted tooth-partially bony
D7240	2	Removal of impacted tooth-completely bony
D7281	1	Surgical exposure of impacted or unerupted tooth to aid eruption (for orthodontic purposes)
D7310	2	Alveoloplasty in conjunction with extractions - per quadrant (seven or more extractions per arch)
D7320	2	Alveoloplasty not in conjunction with extractions - per quadrant
D7340	2	Vestibuloplasty-ridge extension (second epithelialization)
D7960	1	Frenulectomy (frenectomy or frenotomy)-separate procedure
D7970	2	Excision of hyperplastic tissue-per arch
D7999	I.C.	Unspecified oral surgery procedure, by report
D9930	I.C.	Treatment of complications (post surgical) - unusual circumstances, by report

(c) Prosthetic Services

Code	Group	Description
L8500	I.C.	Artificial larynx any type
L8501	I.C.	Tracheostomy speaking valve
L8510	I.C.	Voice amplifier
L8600	I.C.	Implantable breast prosthesis silicone or equal

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Code	Group	Description
L8603	I.C.	Injection bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies
L8606	I.C.	Injection bulking agent, collagen implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies
L8610	I.C.	Ocular implant
L8612	I.C.	Aqueous shunt
L8613	I.C.	Ossicular implant
L8614	I.C.	Cochlear device /system
L8619	I.C.	Cochlear implant external speech processor, replacement
L8630	I.C.	Metacarpophalangeal joint implant
L8641	I.C.	Metatarsal joint implant
L8642	I.C.	Hallux implant
L8658	I.C.	Interphalangeal joint implant
L8670	I.C.	Vascular graft material synthetic implant

47.04: Reporting Requirements

(1) Required Reports. Upon request of the Division of Health Care Finance and Policy, each provider within 90 days following the end of its fiscal year, shall forward to the Division a complete and accurate cost report (FDSF-1) and certified financial statements. The provider shall also make available within 30 days all records and books relating to said operations, including such data, statistics, and records as the Division may from time to time request.

(2) Extension of Filing Date. The Division may grant an extension of time for the submission of cost reports or other information, data or statistics upon written request from the provider demonstrating that good cause exists for such an extension.

(3) Failure to File Timely Reports. Failure to submit accurate information within the time required by 114.3 CMR 47.04(1) and (2) or to submit within the stated time other acceptable data and statistics requested by the Division, may result in the delay, reduction or elimination of the provider's rates, as well as application of other sanctions provided by law.

47.05: Severability

The provisions of 114.3 CMR 47.00 are severable, and if any provision of 114.3 CMR 47.00 or application of such provision to any freestanding surgical facility or any circumstances shall be held to be invalid or unconstitutional, such invalidity shall not be construed to affect the validity or constitutionality of any remaining provisions to eligible freestanding surgical facilities or circumstances other than those held invalid.

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REGULATORY AUTHORITY

114.3 CMR 47.00: M.G.L.c.118G.